

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

Town or Plantation: Portland  
 Street Subdivision Lot #: 457 Woodford St  
 Last: Carnahan First: Stephen  
 Applicant Name: Same  
 Mailing Address of Owner/Applicant (if Different):

PORTLAND PERMIT # 8738 STATE COPY  Double Fee FEE Charged  
 Date Permit Issued: 11/13/04 \$ 310101  
 L.P.I. # 0244  
Thomas M. Markley  
 Local Plumbing Inspector Signature

### Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

### Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Stephen Carnahan 11/13/04  
 Signature of Owner/Applicant Date

Local Plumbing Inspector Signature Date Approved

|   |  |   |
|---|--|---|
| <b>This Application is for</b><br>1. <input checked="" type="checkbox"/> NEW PLUMBING<br>2. <input type="checkbox"/> RELOCATED PLUMBING | <b>Type of Structure To Be Served:</b><br>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING<br>2. <input type="checkbox"/> MODULAR OR MOBILE HOME<br>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING<br>4. <input type="checkbox"/> OTHER - SPECIFY _____ | <b>Plumbing To Be Installed By:</b><br>1. <input type="checkbox"/> MASTER PLUMBER<br>2. <input type="checkbox"/> OIL BURNERMAN<br>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC<br>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE<br>5. <input checked="" type="checkbox"/> PROPERTY OWNER<br>LICENSE # _____ |
|---|--|---|

| Hook-Up & Piping Relocation<br>Maximum of 1 Hook-Up  | Number | Column 2<br>Type of Fixture            | Number | Column 1<br>Type of Fixture |
|--|--------|--|--------|-----------------------------|
| <input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.<br><b>OR</b><br><input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system. |        | Hosebibb / Sillcock                    |        | Bathtub (and Shower)        |
|  |        | Floor Drain                            |        | Shower (Separate)           |
| <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.  |        | Urinal                                 |        | Sink                        |
|  |        | Drinking Fountain                      |        | Wash Basin                  |
| <b>OR</b><br><input type="checkbox"/> TRANSFER FEE (\$6.00)  |        | Indirect Waste                         |        | Water Closet (Toilet)       |
|  |        | Water Treatment Softener, Filter, etc. |        | Clothes Washer              |
|  |        | Grease / Oil Separator                 |        | Dish Washer                 |
|  |        | Dental Cuspidor                        |        | Garbage Disposal            |
|  |        | Bidet                                  |        | Laundry Tub                 |
|  |        | Other: _____                           |        | Water Heater                |
|  |        | Fixtures (Subtotal)<br>Column 2        | 3      |                             |
| SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE  |        |  |        |                             |
|  |        |  |        | Total Fixtures              |
|  |        |  |        | Permit Fee (Total)          |

ck 1292 30/10/10  
 STATE COPY