

PLUMBING APPLICATION

2002-0334

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

| | |
|--------------------------|------------------|
| Town or Plantation | Rockland |
| Street Subdivision Lot # | 144 Stevens' Way |

PROPERTY OWNERS NAME

Last: Foran First: Margie

Applicant Name: Jane White

Mailing Address of Owner/Applicant (If Different): Starview Court Westbrook ME 04092

8234 TOWN COPY

Date Permit Issued: 10/7/02 \$ 480.00 Double Fee Charged

L.P.I. # 06510

Local Plumbing Inspector Signature: [Signature]

178 COLL

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.

Signature of Owner/Applicant: [Signature] Date: 10/7/02

Caution: Inspection Required

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

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

| | | |
|---|--|--|
| This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING | Type of Structure To Be Served: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____ | Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>02702</u> |
| | | |

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Column 2 | | Column 1 | |
|--|----------|--|----------|---------------------------------|
| | Number | Type of Fixture | Number | Type of Fixture |
| HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system. | | Hosebibb / Sillcock | 1 | Bathtub (and Shower) |
| | | Floor Drain | 1 | Shower (Separate) |
| PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Urinal | 2 | Sink |
| | | Drinking Fountain | | Wash Basin |
| OR TRANSFER FEE [\$6.00] | | Indirect Waste | 2 | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | | Clothes Washer |
| | | Grease / Oil Separator | | Dish Washer |
| | | Dental Cuspidor | | Garbage Disposal |
| | 1 | Bidet | | Laundry Tub |
| | | Other: _____ | | Water Heater |
| | | Fixtures (Subtotal) Column 2 | 6 | Fixtures (Subtotal) Column 1 |
| | | | 1 | Fixtures (Subtotal) Column 2 |
| | | | 7 | Total Fixtures |
| | | | | Fixture Fee |
| | | | | Transfer Fee |
| | | | | Hook-Up & Relocation Fee |
| | | | | Permit Fee (Total) |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

45