

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation	Portland
Street subdivision Lot #	75 W. HAINES AVE

## PROPERTY OWNERS NAME

Last:	Cassidy	First:	Pam
Applicant Name:	S. P. Plumber & Heat		
Mailing Address of Owner/Applicant (if Different)	721 Union Street SE Portland ME		

2005-8249

PORTLAND PERMIT # 9463 TOWN COPY

Date Permit Issued: 7/13/05 \$ 11241  If Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # 06810

181 B2

## 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

Date

## Caution: Inspection Required

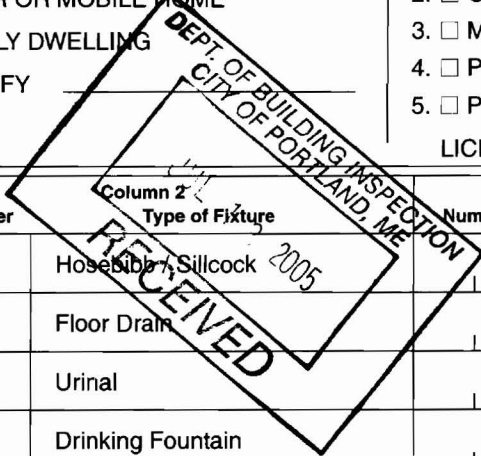
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 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	<b>Plumbing To Be Installed By:</b> 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 # 12707
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<b>OR</b> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  HOOK-UP: to an existing subsurface wastewater disposal system.		Hose/Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<b>OR</b> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
		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: _____	1	Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				<b>Fixture Fee</b>
				<b>Transfer Fee</b>
				<b>Hook-Up &amp; Relocation Fee</b>
				<b>Permit Fee (Total)</b>

7426 SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

8/19/05 Kevin  
8/26/05 Carl Inge TOWN COPY

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