

117150

182-F-4

PLUMBING APPLICATION

PROPERTY ADDRESS

City, Town, or Plantation: Portland
 Street or Road: 162 WaySide
 Subdivision, Lot #: _____

PROPERTY OWNERS NAME

Name (last, first, MI): MARK McPherson
 Owner
 Applicant

Mailing Address of Owner/Applicant: 2 William Knight Rd
 Winchham ME 04062

Daytime Tel. #: 400 0162

OWNER OR APPLICANT STATEMENT
 I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.
Mark McPherson 1/4/2012
 Signature of Owner or Applicant Date

Town/City _____ Permit # _____
 Date Permit Issued 1/1 Fee: \$ _____ Double Fee Charged ()
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 104

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Internal Plumbing Rules.

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 (Rough-In) _____
 Date Approved (Final) _____

PERMIT INFORMATION

This Application is For 1. <input checked="" type="checkbox"/> NEW PLUMBING INSTALLATION 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"/> MFG'D HOUSING DEALER/MECHANIC 3. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 4. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>112344</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2	Column 1
	Number	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 OR <input checked="" type="checkbox"/> HOOK UP: to an existing subsurface wastewater disposal system		Hosebibb / Sillcock
		Floor Drain
		Urinal
		Drinking Fountain
		Indirect Waste
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures OR <input type="checkbox"/> TRANSFER FEE (\$6.00)		Waste Treatment Softener, Filter, etc.
		Grease / Oil Separator
		Dental Cuspidor
		Bidet
		Other: _____
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
		Fixtures (Subtotal) Column 2
	3	3
	0	3
		Total Fixtures
		Fixture Fee
		Transfer Fee
		Hook-Up & Relocation Fee
		Permit Fee
		(Total)

Handwritten notes: 40, 10, + 50

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