

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: Portland

Street Subdivision Lot #: 142 Rockland

PROPERTY OWNERS NAME

Last: _____ First: _____

Applicant Name: Craig R Aube

Mailing Address of Owner/Applicant (If Different): 19 Aube Woodsy Falmouth ME 04105

2004-8050

Date Permit Issued:	2 19 04	PERMIT #	977	STATE FEE	30.00	<input type="checkbox"/> If Double Fee FEE Charged
Local Plumbing Inspector Signature: <u>[Signature]</u>				L.P.I. # <u>01613</u>		

185 6006

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: 2/19/04

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

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>8878</u></p>
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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
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. <p style="text-align: center; font-size: 24px; font-weight: bold;">OR</p> <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
<p style="text-align: center; font-size: 24px; font-weight: bold;">OR</p> <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) Column 2	4	Total Fixtures
<p>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</p> <p style="font-size: 24px; font-weight: bold;">30 x 10 = 300</p>				Permit Fee (Total)