

PLUMBING APPLICATION

215-B-002

Department of Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town Or Plantation: Portland
 Street Subdivision Lot #: 2211 CONGRESS ST.

PROPERTY OWNERS NAME

Last: UNUM First: INSURANCE
 Applicant Name: Youngblood Co.
 Mailing Address of Owner/Applicant (If Different): 32 Ashland St. Haverhill, Ma. 01830

PORTLAND Date Permit Issued: 5, 29, 98 PERMIT # 6494 \$ 244 TOWN STATE COPY Double Fee Charged FEE L.P.I. # 8124
 Local Plumbing Inspector Signature: _____ Date Approved: _____

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 Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 4-28-98

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 type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER — SPECIFY <u>OFFICE Bldg.</u>	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>M, 5, 9, 0, 0, 0 9333</u>
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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		Bathtub (and Shower)
	<u>6, 1</u>	Floor Drain		Shower (Separate)
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: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
		<u>61</u>	Total Fixtures	
		<u>\$244.-</u>	Fixture Fee	
		\$	Transfer Fee	
		\$	Hook-Up & Relocation Fee	
		<u>\$244.-</u>	Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE