

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation: South Portland
Street Subdivision Lot #: 9015 Cornwell ST

PROPERTY OWNERS NAME

Last: Taylor First: Larry
Applicant Name: Michael J Taylor
Mailing Address of Owner/Applicant (if Different): PO Box 3013, Brunswick Me 04018

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.

Michael J Taylor 1-1-8
Signature of Owner/Applicant Date

216-A013

PORTLAND PERMIT # 10499 TOWN COPY

Date Permit Issued: 1 7 08 \$ 34 If Double Fee Charged
Local Plumbing Inspector Signature: [Signature] L.P.I. # 360

2007-8348

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 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>MS 90009308</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
OR HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	Number: Type of Fixture: Hosebibb / Sillcock	Number: Type of Fixture: Bathtub (and Shower)
	Number: Type of Fixture: Floor Drain	Number: Type of Fixture: Shower (Separate)
OR HOOK-UP: to an existing subsurface wastewater disposal system.	Number: Type of Fixture: Urinal	Number: Type of Fixture: Sink
	Number: Type of Fixture: Drinking Fountain	Number: Type of Fixture: Wash Basin
OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	Number: Type of Fixture: Indirect Waste	Number: Type of Fixture: Water Closet (Toilet)
	Number: Type of Fixture: Water Treatment Softener, Filter, etc.	Number: Type of Fixture: Clothes Washer
OR TRANSFER FEE [\$6.00]	Number: Type of Fixture: Grease / Oil Separator	Number: Type of Fixture: Dish Washer
	Number: Type of Fixture: Dental Cuspidor	Number: Type of Fixture: Garbage Disposal
OR TRANSFER FEE [\$6.00]	Number: Type of Fixture: Bidet	Number: Type of Fixture: Laundry Tub
	Number: Type of Fixture: Other: _____	Number: Type of Fixture: Water Heater
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 2
	Total Fixtures	Total Fixtures
	Fixture Fee	Fixture Fee
	Transfer Fee	Transfer Fee
	Hook-Up & Relocation Fee	Hook-Up & Relocation Fee
	Permit Fee (Total)	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

34
1.0
34