

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

| | |
|--------------------|---------------|
| Town or Plantation | PORTLAND |
| Street | 304 CAESIC ST |
| Subdivision Lot # | |

PROPERTY OWNERS NAME

| | | | |
|---|----------------------------|--------|-----|
| Last: | SPIKE | First: | BEN |
| Applicant Name: | PAUL BEEM | | |
| Mailing Address of Owner/Applicant (If Different) | PO BOX 120 SOUTHPORT ME | | |

| | | |
|------------------------------------|-----------------|--|
| PORTLAND | PERMIT # 9451 | TOWN COPY |
| Date Permit Issued: | 7/15/05 | \$ 14600 |
| | <i>Adams</i> | <input type="checkbox"/> If Double Fee Charged |
| Local Plumbing Inspector Signature | L.P.I. # 016411 | |
| 224 A 013 | | |

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.

Paul 6/28/05
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

| | | |
|---|--|--|
| 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 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"/> 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 # 021461 |
|---|--|--|

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Column 2 | | Column 1 | |
|--|----------|--|----------|---------------------------------|
| | Number | Type of Fixture | 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 type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system. | 1 | Hosebibb / Sillcock | 1 | Bathtub (and Shower) |
| | | Floor Drain | 1 | Shower (Separate) |
| <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Urinal | | Sink |
| | | Drinking Fountain | 1 | Wash Basin |
| | | Indirect Waste | 1 | 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 |
| <input type="checkbox"/> TRANSFER FEE [\$6.00] | | Fixtures (Subtotal) Column 2 | 3 | Fixtures (Subtotal) Column 1 |
| | | | 1 | Fixtures (Subtotal) Column 2 |
| SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE | | | 4 | Total Fixtures |
| | | | | Fixture Fee |
| | | | 24 | Transfer Fee |
| | | | 20 | Hook-Up & Relocation Fee |
| | | | 44 | Permit Fee (Total) |