

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: Kentland Me.  
Street Subdivision Lot #: Starbird Ln Unit #10

## PROPERTY OWNERS NAME

Last: Brown First: TERRY

Applicant Name: Robert S. Dorr

Mailing Address of Owner/Applicant (If Different): 294 Holmes Rd. Scarborough ME 04074

## 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.

Robert S. Dorr 10-13-04

Signature of Owner/Applicant

Date

048437

PORTLAND Date Permit Issued: 10/19/04 \$ 99  If Double Fee Charged

TOWN COPY L.P.I. # 0640

Local Plumbing Inspector Signature: [Signature]

224 A 025 # 040399

## 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

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 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 _____	<b>Plumbing To Be Installed By:</b> 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>08566</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
<b>OR</b> HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<u>2</u>	Hosebibb / Sillcock	<u>1</u>	Bathtub (and Shower)
		Floor Drain	<u>1</u>	Shower (Separate)
		Urinal	<u>1</u>	Sink
		Drinking Fountain	<u>4</u>	Wash Basin
		Indirect Waste	<u>3</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>1</u>	Clothes Washer
		Grease / Oil Separator	<u>1</u>	Dish Washer
		Dental Cuspidor	<u>1</u>	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
<b>OR</b> TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	<u>12</u>	Fixtures (Subtotal) Column 1
			<u>12</u>	Fixtures (Subtotal) Column 2
			<u>15</u>	<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			<u>96</u>	<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

96  
12  
106