

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: Portland Me.  
 Street Subdivision Lot #: Starbird Ln Unit #7

## PROPERTY OWNERS NAME

Last: Brown First: TERRY  
 Applicant Name: Robert S. Dorr  
 Mailing Address of Owner/Applicant (If Different): 294 Holmes Rd. Scarborough 04074

048441

PORTLAND 9135 TOWN COPY  
 Date Permit Issued: 10/19/04 \$ 196.00  If Double Fee Charged  
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 016819  
224 A 25 # 040398

## 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

## 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>08560</u>
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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.  <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	2	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	1	Sink
		Drinking Fountain	4	Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	2	Fixtures (Subtotal) Column 1
			13	Fixtures (Subtotal) Column 2
			15	<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			96	<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

96  
13  
15  
10/10