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# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or  
Plantation

Portland

Street  
Subdivision Lot #

16 Harry Harman drive

## PROPERTY OWNERS NAME

Last:

CASCO Bay Surgery

Applicant  
Name:

Darling Plumbing & Heating Inc.

Mailing Address of  
Owner/Applicant  
(If Different)

27 Vannish Ave  
Portland, ME 04103

## 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.

Signature of Owner/Applicant

Date

1/02/02

## 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. ☒ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

### Type of Structure To Be Served:

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☒ OTHER - SPECIFY Office

### Plumbing To Be Installed By:

1. ☒ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # 07160

### Hook-Up & Piping Relocation Maximum of 1 Hook-Up

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.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE  
[\$6.00]

### Column 2 Type of Fixture

- | Number | Type of Fixture                        |
|--------|--|
|        | Hosebibb / Sillcock                    |
|        | Floor Drain                            |
|        | Urinal                                 |
|        | Drinking Fountain                      |
|        | Indirect Waste                         |
|        | Water Treatment Softener, Filter, etc. |
|        | Grease / Oil Separator                 |
|        | Dental Cuspidor                        |
|        | Bidet                                  |
|        | Other: _____                           |
|        | Fixtures (Subtotal)<br>Column 2        |

### Column 1 Type of Fixture

- | Number | Type of Fixture       |
|--------|-----------------------|
|        | Bathtub (and Shower)  |
|        | Shower (Separate)     |
| 0,9    | Sink                  |
| 0,5    | Wash Basin            |
| 0,3    | Water Closet (Toilet) |
|        | Clothes Washer        |
|        | Dish Washer           |
|        | Garbage Disposal      |
|        | Laundry Tub           |
| 0,1    | Water Heater          |

1,8	Fixtures (Subtotal) Column 1
0	Fixtures (Subtotal) Column 2
1,8	Total Fixtures
	Fixture Fee
	Transfer Fee

SEE PERMIT FEE SCHEDULE  
FOR CALCULATING FEE