

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: Portland
Street: 19 Rowe St.

PROPERTY OWNERS NAME

Last: Forrest City Chevrolet First: _____
Applicant Name: Marc Gauthier
Mailing Address of Owner/Applicant (If Different): 84 Toroff Rd, New Brunswick, ME

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: Marc Gauthier Date: 5/27/04

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

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PORTLAND Date Permit Issued: 5/27/04 8921 TOWN COPY \$ 142.00 # Double Fee Charged: NO
Local Plumbing Inspector Signature: [Signature] L.P.I. #: 0690

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PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" 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 checked="" 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>11560007076</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	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.	<u>1</u>	Hosebibb / Sillcock	<u>1</u>	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain	<u>1</u>	Wash Basin
		Indirect Waste	<u>1</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>1</u>	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Bidet		Laundry Tub
		Other: _____	<u>1</u>	Water Heater
		Fixtures (Subtotal) Column 2	<u>5</u>	Fixtures (Subtotal) Column 1
			<u>1</u>	Fixtures (Subtotal) Column 2
			<u>6</u>	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			<u>12</u>	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Handwritten: 42 + 10 = 52

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