

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: PORTLAND
Street: PINE TREE WOODS CIR
Subdivision Lot #: BLDG # 2 BRIGHTON AVE

PROPERTY OWNERS NAME

Last: PACKARD DEVELOPMENTS First: _____

Applicant Name: LINE STATE P&H

Mailing Address of Owner/Applicant (If Different): PO BOX 6308 SEABOROUGH ME 04070

PORTLAND PERMIT # 2692 TOWN COPY

Date Permit Issued: 11/14/06 \$ 1124 Double Fee FEE Charged

Local Plumbing Inspector Signature: Thomas H. Mackley L.P.I. # 0244

203 AA CCY

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.

Ernest A. Davis 1104-06
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. 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 RETAIL

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 # L 6993

| 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. | 0,1 | Hosebibb / Sillcock | | Bathtub (and Shower) |
| | 0,1 | Floor Drain | | Shower (Separate) |
| <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. OR <input type="checkbox"/> TRANSFER FEE [\$6.00] | | Urinal | | Sink |
| | | Drinking Fountain | 0,4 | Wash Basin |
| | | Indirect Waste | 0,4 | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | | Clothes Washer |
| | | Grease / Oil Separator | | Dish Washer |
| | | Dental Cuspidor | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| | | Other: _____ | 0,1 | Water Heater |
| | 0,2 | Fixtures (Subtotal) Column 2 | 0,9 | Fixtures (Subtotal) Column 1 |
| SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE | | | 0,2 | Fixtures (Subtotal) Column 2 |
| | | | 11 | Total Fixtures |
| | | | | Fixture Fee |
| | | | | Transfer Fee |
| | | | | Hook-Up & Relocation Fee |
| | | | 82 | Permit Fee (Total) |

12032

10/72