

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	PORTLAND
Street Subdivision Lot #	PINE TREE SHOPPING CTR

PROPERTY OWNERS NAME

Last: FULL BULLY DELI	First: DELI
Applicant Name:	PINE STATE P&H
Mailing Address of Owner/Applicant (If Different)	10 BOX 6308 CARROLL TOWN ME. 04074

PORTLAND PERMIT # 9310 TOWN COPY

Date Permit Issued: 10/21/07 \$ 184.00 If Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # 9640

265H B-004

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.

Terminal David 3-21-05
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. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>DELI</u>	Plumbing To Be Installed By: 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>16973</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
OR HOOK-UP: to an existing subsurface wastewater disposal system. OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock		Bathtub (and Shower)
	0,3	Floor Drain		Shower (Separate)
		Urinal	0,3	Sink
		Drinking Fountain	0,2	Wash Basin
		Indirect Waste	0,2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
	0,1	Grease / Oil Separator	0,1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet	0,1	Laundry Tub
		Other: _____		Water Heater
OR TRANSFER FEE [\$6.00]	0,4	Fixtures (Subtotal) Column 2	0,7	Fixtures (Subtotal) Column 1
			0,1	Fixtures (Subtotal) Column 2
			1,3	Total Fixtures
				Fixture Fee
				Transfer Fee
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

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PLUMBING APPLICATION

PROPERTY ADDRESS

Town or
Parish

City

PROPERTY OWNERS NAME

Lot
Block
Map
County
State

Caution: Permit Required

Plumbing work on existing lines is permitted only if the work complies with the local plumbing regulations. The permit shall be obtained by the owner of the line to which the plumbing is connected with the application and the local plumbing rules.

Caution: Inspection Required

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Owner/Applicant Statement

I hereby certify that the information furnished is true and correct to the best of my knowledge and belief. I understand that the permit is required for the work to be done and I agree to pay the fee therefor.

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 _____

Plumbing to be installed by:

- 1. Self (Homeowner)
- 2. Licensed Plumber
- 3. MFG. (Manufacture) or M. (Mechanic)
- 4. PUBLIC UTILITY SERVICE
- 5. CONTRACT OWNER

How Up & Piping Relocation
Maximum of 1 Foot-Up

Plumbing to be installed by:

OR

Plumbing to be installed by:

OR

TRANSFER FEE
(\$5.00)

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

OWN COPY

PLUMBING
PERMIT