

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation	PORTLAND
Street	81 RIVERSIDE ST.
Subdivision Lot #	

## PROPERTY OWNERS NAME

HOLIDAY INN	
Last:	First:
Applicant Name:	PINE STATE P&H
Mailing Address of Owner/Applicant (If Different)	P.O. Box 6308 SCARBOROUGH ME.

# 266 A 002

PORTLAND PERMIT # 7736 STATE COPY

Date Permit Issued: 12/26/01 \$ 1150.00  If Double Fee Charged

L.P.I. # 0593

Local Plumbing Inspector Signature: \_\_\_\_\_

2001 8053

## 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.

*Terence J. Davis*

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 type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 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>HOTEL</u>	<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>06993</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
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b>  HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.  <b>OR</b>  TRANSFER FEE [\$6.00]	0,1	Hosebibb / Sillcock		Bathtub (and Shower)
	0,2	Floor Drain		Shower (Separate)
	0,3	Urinal	0,1	Sink
	0,2	Drinking Fountain	0,5	Wash Basin
		Indirect Waste	0,9	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
	Fixtures (Subtotal) Column 2	0,8	Fixtures (Subtotal) Column 1	
		2,4	Fixtures (Subtotal) Column 2	
			<b>Total Fixtures</b>	
			Fixture Fee	
			Transfer Fee	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE