

PLUMBING APPLICATION

| | |
|---|-------------------------------------|
| Town or Plantation | Portland |
| Street Subdivision Lot # | 32 JOSSLYN |
| Last: Housing | First: Portland |
| Applicant Name: | John Bellino |
| Mailing Address of Owner/Applicant (If Different) | 980 RIVERSIDE ST. PORT. ME 04103 |

MAINE PERMIT # 8745 STATE COPY

Date Permit Issued: 1/20/04 \$ 36.00 Double Fee Charged

Thomas Moully L.P.I. # 0744
Local Plumbing Inspector Signature

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.

John Bellino
Signature of Owner/Applicant

1/16/04
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

| | | |
|---|--|--|
| 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 checked="" 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 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 # 102415 |
|---|--|--|

| 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 public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Hosebibb / Sillcock | 1 | Bathtub (and Shower) |
| | | Floor Drain | | Shower (Separate) |
| | | Urinal | 1 | Sink |
| | | Drinking Fountain | 1 | Wash Basin |
| | | Indirect Waste | 1 | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | | Clothes Washer |
| | | Grease / Oil Separator | | Dish Washer |
| | | Dental Cuspidor | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| | | Other: _____ | | Water Heater |
| | | Fixtures (Subtotal) Column 2 | 5 | |
| OR TRANSFER FEE (\$6.00) | | | | |
| SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE | | | | |
| | | | | Total Fixtures |
| | | | 36 | Permit Fee (Total) |

CK# 28051

STATE COPY 36 + 10/46