| PLUMBING APPLICATION | | | | Division of Health Engineering | | |
|--|-----------------------|---|-------------------------------------|---|---|-------------------------------------|
| PROPERTY ADDRESS | | | | | | |
| Town or Plantation | Portland | | | 048363 | | |
| Street 49 Purchase St | | | | PORTIMAND OF 11 ACT 9053 TOWN COPYOTO & " | | |
| PROPERTY OWNERS NAME | | | | Permit Sued: Double Fee Charged | | |
| Last: PHA Saga Moste Vinage | | | | Local Plumbing Inspector Signature | | |
| Applicant Name: Carry Dempsy Mailing Address of | | | | 275 0 47 | | |
| Owner/Applicant (If Different) 16 Caural Pines As, Gorkey | | | | 212 (040 | | |
| 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 Plumping Inspectors to deny a Permit. | | | | 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 | | |
| | | | | | | Date Approved |
| PERMIT INFORMATION | | | | | CONTRACTOR OF THE PARTY OF THE | |
| | | | e of Structure To Be Served: | | Plumbing To Be Installed By: | |
| 1. A NEW PLUM | | | AMILY DWELLING DULAR OR MOBILE HOME | | MASTER PLUMBER OIL BURNERMAN | |
| 2. RELOCATED PLUMBING | | | LE FAMILY DWELLING | | 3. MFG'D. HOUSING DEALER/MECHANIC | |
| 4. 🗆 OTHER | | | | | 4. ☐ PUBLIC UTILITY EMPLOYEE 5. ☐ PROPERTY OWNER | |
| | | | | | LICENSE # 2453 | |
| | ping Relocation | n | Number | Column 2 Type of Fixture | Number | Column 1 Type of Fixture |
| HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. | | | , | osebibb / Sillcock | . 1 | Bathtub (and Shower) |
| | | | FI | oor Drain | | Shower (Separate) |
| | | | Uı | rinal | 1 | Sink |
| HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | | Di | rinking Fountain | 1 | Wash Basin |
| | | | Indirect Waste | | 1 | Water Closet (Toilet) |
| | | | Wa | ater Treatment Softener, Filter, etc. | | Clothes Washer |
| | | | G | rease / Oil Separator | | Dish Washer |
| | | | De | ental Cuspidor | | Garbage Disposal |
| YOR | | | Bi | det | | Laundry Tub |
| | | | 0 | ther: | | Water Heater |
| | TRANSFER FEE [\$6.00] | | | Fixtures (Subtotal) Column 2 | .4 | Fixtures (Subtotal) Column 1 |
| ——— | | | | | - / | Fixtures (Subtotal) Column 2 |
| SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE | | | | | 5 | Total Fixtures |
| FOR CALCULATING FEE | | | | | | Fixture Fee |
| | | | | | | Transfer Fee |
| Page 1 of 1 HHE-211 Rev. 6;94 | | | | | 2/ | Hook-Up & Relocation Fee Permit Fee |
| Page 1 of 1 HHE-211 Rev. 6;94 | | | | | 36 | (Total) |