

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town Or Plantation: PORTLAND
Street Subdivision Lot #: #6 BROOKVIEW TER.

PROPERTY OWNERS NAME

Last: ORAN First: DIANA
Applicant Name: MICHAEL J. CAPOZZA
Mailing Address of Owner/Applicant (If Different): P.O. Box 613 Portland me 04104

PORTLAND Date Permit Issued: 4.14.98 PERMIT # 6463 STATE COPY \$ 12 FEE If Double Fee Charged
L.P.I. # 0124
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 Inspector to deny a Permit.

Michael J. Capozza
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 type="checkbox"/> NEW PLUMBING	Type Of Structure To Be Served:	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING	Plumbing To Be Installed By:	1. <input checked="" type="checkbox"/> MASTER PLUMBER
	2. <input checked="" type="checkbox"/> RELOCATED PLUMBING		2. <input type="checkbox"/> MODULAR OR MOBILE HOME		2. <input type="checkbox"/> OIL BURNERMAN
			3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING		4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
			4. <input type="checkbox"/> OTHER — SPECIFY _____		5. <input type="checkbox"/> PROPERTY OWNER
					LICENSE # <u>7155</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	<u>0,1</u>	Sink <u>1 1/2"</u>
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste		Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
OR		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
TRANSFER FEE (\$6.00)		Other: <u>VENTS - RE-ROUTE</u>		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
				Total Fixtures
		\$		Fixture Fee
		\$		Transfer Fee
		\$		Hook-Up & Relocation Fee
		\$ <u>12.00</u>		Permit Fee (Total)