

PLUMBING APPLICATION

2003-8222

PROPERTY ADDRESS

Town or Plantation: Portland

Street Subdivision Lot #: 17 Four Winds Rd

PROPERTY OWNERS NAME

Last: Crowley First: Mike

Applicant Name: S.P. Plumbing & Heat

Mailing Address of Owner/Applicant (If Different): 721 Union St. Portland ME

PORTLAND 8518 TOWN COPY

Date Permit Issued: 6/30/03 \$ 30.00 If Double Fee Charged

Tommy Benson L.P.I. # 31611

Local Plumbing Inspector Signature

283 3005

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.

[Signature] Date: 6/30/03

Signature of Owner/Applicant

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature] Date Approved: _____

Local Plumbing Inspector Signature

PERMIT INFORMATION

| | | |
|---|--|--|
| This Application is for | Type of Structure To Be Served: | Plumbing To Be Installed By: |
| 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING | 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____ | 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>2709</u> |

| 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 |
| <input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system. | | Hosebibb / Sillcock | | Bathtub (and Shower) |
| | | Floor Drain | 1 | Shower (Separate) |
| <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Urinal | | Sink |
| | | Drinking Fountain | 1 | Wash Basin |
| OR <input type="checkbox"/> TRANSFER FEE [\$6.00] | | Indirect Waste | 1 | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | 1 | Clothes Washer |
| | | Grease / Oil Separator | | Dish Washer |
| | | Dental Cuspidor | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| | | Other: _____ | | Water Heater |
| | | Fixtures (Subtotal) Column 2 | | Fixtures (Subtotal) Column 1 |
| | | | | Fixtures (Subtotal) Column 2 |
| | | | 4 | Total Fixtures |
| | | | | Fixture Fee |
| | | | | Transfer Fee |
| | | | | Hook-Up & Reloc Permit Fee |
| | | | 30 | Total |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

7-3-03

Test on OK
to Close in
NW