

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

2002-8407

PROPERTY ADDRESS

Town or Plantation: Portland
 Street Subdivision Lot #: 128 Dennett St

PROPERTY OWNERS NAME

Last: Klemanski First: Frank
 Applicant Name: Canon + Waltz
 Mailing Address of Owner/Applicant (If Different): 321 Ligeain St South Portland, Me.

PORTLAND Date Permit Issued: 12-13-02 \$ 2140.00 FEE Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 0232
 8305 TOWN COPY
 283 3 044

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 of Owner/Applicant: Walter Klemanski Date: 12-20-02

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 | Type of Structure To Be Served: | Plumbing To Be Installed By: |
|---|---|--|
| 1. <input checked="" type="checkbox"/> NEW PLUMBING | 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING | 1. <input checked="" type="checkbox"/> MASTER PLUMBER |
| 2. <input 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 | 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC |
| | 4. <input type="checkbox"/> OTHER - SPECIFY _____ | 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE |
| | | 5. <input type="checkbox"/> PROPERTY OWNER |
| | | LICENSE # <u>101524</u> |

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | 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. | | Hosebibb / Sillcock | | Bathtub (and Shower) |
| | | Floor Drain | | Shower (Separate) |
| OR | | Urinal | | Sink |
| | | 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: _____ | | Water Heater |
| | | Fixtures (Subtotal) Column 2 | <u>1</u> | Fixtures (Subtotal) Column 1 |
| SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE | | | <u>0</u> | Fixtures (Subtotal) Column 2 |
| | | | <u>1</u> | Total Fixtures |
| | | | | Fixture Fee |
| | | | | Transfer Fee |
| | | | | Hook-Up & Relocation Fee |
| | | | | Permit Fee (Total) |

TOWN COPY
 Plus \$10.00 City Fee = \$34.00 Total