

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

292-C-10 #2

Log 941
66
8/11

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	6 ALLEDAVE

PROPERTY OWNERS NAME

Last: Brown First: C.D.

Applicant Name: Marty Laberge

Mailing Address of Owner/Applicant (If Different): 20 Fir St, Lane
100011007 DC 04662

PORTLAND Date Permit Issued: 8/11/00 \$ 60.00 TOWN COPY Double Fee Charged

Local Plumbing Inspector Signature: [Signature] # L.P.I. # 0640

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: [Signature] Date: 8-16-00

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

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>Sub shop</u></p>	<p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>1025, 7, 923</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	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		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	0,3	Sink
		Drinking Fountain	0,2	Wash Basin
OR <input type="checkbox"/> TRANSFER FEE (\$6.00)	0,1	Indirect Waste	0,2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
	0,1	Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	0,1	Water Heater
		Fixtures (Subtotal) Column 2	0,9	Fixtures (Subtotal) Column 1
			0,2	Fixtures (Subtotal) Column 2
			10	Total Fixtures
			6-	Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE