

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering

292-C-010

## PROPERTY ADDRESS

Town Or Plantation: \_\_\_\_\_  
Street Subdivision Lot #: 6 Allen Ave

## PROPERTY OWNERS NAME

Last: BIG APPLE BROWN First: C.N.  
Applicant Name: TERRY SANBORN  
Mailing Address of Owner/Applicant (If Different): P.O. Box 475 GRAY ME 04039

PORTLAND 6575 TOWN COPY

Date Permit Issued: 8 20 98 \$ 12 FEE  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.

Signature of Owner/Applicant: \_\_\_\_\_ Date: 8-20-98

## 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 type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER — SPECIFY <u>GAS STATION CONVENIENCE STORE</u>	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>02630</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number      Type of Fixture	Column 1 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)
<b>OR</b>	_____ Urinal	_____ Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.	_____ Drinking Fountain
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	_____ Indirect Waste	_____ Water Closet (Toilet)
	_____ Water Treatment Softener, Filter, etc.	_____ Clothes Washer
<b>OR</b>	_____ Grease / Oil Separator	_____ Dish Washer
	_____ Dental Cuspidor	_____ Garbage Disposal
TRANSFER FEE [ \$6.00 ]	_____ Bidet	_____ Laundry Tub
	_____ Other: _____	_____ Water Heater
	<b>Fixtures (Subtotal) Column 2</b>	<b>Fixtures (Subtotal) Column 1</b>
		<b>Fixtures (Subtotal) Column 2</b>
		<b>Total Fixtures</b>
		<b>Fixture Fee</b>
		<b>Transfer Fee</b>
		<b>Hook-Up &amp; Relocation Fee</b>
		<b>Permit Fee (Total)</b>

**SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE**

\$ 12