

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: Portland
Street Subdivision Lot #: 544 Garden Ave

PROPERTY OWNERS NAME

Last: _____ First: _____

Applicant Name: Carol A. Hance

Mailing Address of Owner/Applicant (If Different): 43 Park St Portland ME

2005-8/22

PORTLAND PERMIT # 9347 TOWN COPY

Date Permit Issued: 4/19/05 \$ 130.00 If Double Fee Charged

Jim Reed
Local Plumbing Inspector Signature

L.P.I. # 0726

293011

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: Carol A. Hance

Date: 4/19/05

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: Jim Reed

Date Approved: 03/11/4

PERMIT INFORMATION

This Application is for

Type of Structure To Be Served:

Plumbing To Be Installed By:

1. NEW PLUMBING
2. RELOCATED PLUMBING

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY Home Addition

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D. HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE # 3001P 718

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.

OR

HOOK-UP: to an existing subsurface wastewater disposal system.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE
[\$6.00]

Column 2 Number Type of Fixture

- | | |
|--|--|
| | Hosebibb / Sillcock |
| | Floor Drain |
| | Urinal |
| | Drinking Fountain |
| | Indirect Waste |
| | Water Treatment Softener, Filter, etc. |
| | Grease / Oil Separator |
| | Dental Cuspidor |
| | Bidet |
| | Other: _____ |

Fixtures (Subtotal)
Column 2

Column 1 Number Type of Fixture

- | | |
|--|-----------------------|
| | Bathtub (and Shower) |
| | Shower (Separate) |
| | Sink |
| | Wash Basin |
| | Water Closet (Toilet) |
| | Clothes Washer |
| | Dish Washer |
| | Garbage Disposal |
| | Laundry Tub |
| | Water Heater |

Fixtures (Subtotal)
Column 1

Fixtures (Subtotal)
Column 2

Total Fixtures

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

Permit Fee
(Total)

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

