

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation	PORTLAND
Street Subdivision Lot #	2401 CONGRESS ST.

## PROPERTY OWNERS NAME

Last:	MAZURENKO	First:	DR. ALEX
Applicant Name:	SOUTHERN MAINE PLUMBING & HEATING INC.		
Mailing Address of Owner/Applicant (If Different)	160 PRESUMPSCOT ST. PORTLAND, ME 04103		

07-8221

PORTLAND	PERMIT # 10372	TOWN COPY
Date Permit Issued: 8/21/07	\$ 3400	<input type="checkbox"/> If Double Fee Charged
Jeanie Bourke Local Plumbing Inspector Signature		L.P.I. # 0732

-293 AA 004

## 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 \_\_\_\_\_ Date \_\_\_\_\_

## 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 03/10/11

## 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 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>comm</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>102288</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number      Type of Fixture	Column 1 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.  <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	<input type="checkbox"/> Hosebibb / Sillcock	<input type="checkbox"/> Bathtub (and Shower)	
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (Separate)	
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink	
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin	
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)	
	<input type="checkbox"/> Water Treatment Softener, Filter, etc.	<input type="checkbox"/> Clothes Washer	
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer	
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal	
	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub	
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater	
	<input type="checkbox"/> Fixtures (Subtotal) Column 2	01	01
	<input type="checkbox"/> Fixtures (Subtotal) Column 1	00	01
<b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b>			
<input type="checkbox"/> Total Fixtures	01	01	
<input type="checkbox"/> Fixture Fee			
<input type="checkbox"/> Transfer Fee			
<input type="checkbox"/> Hook-Up & Relocation Fee			
<input type="checkbox"/> Permit Fee (Total)	34	34	

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