

# PLUMBING APPLICATION

299-D-40

AR/D

Department of Human Services  
Division of Health Engineering

## PROPERTY ADDRESS

Town Or Plantation: Portland  
Street Subdivision Lot #: 39 Verrill ST

## PROPERTY OWNERS NAME

Last: CHASE First: DAVID

Applicant Name: JIMINCE P2H

Mailing Address of Owner/Applicant (If Different): 1407 RIVERSIDE ST  
PORTLAND ME

PORTLAND PERMIT # 6711 STATE COPY  
Date Permit Issued: 12/24/98 \$ 44 FEE  Double Fee Charged  
L.P.I. # 0124  
Local Plumbing Inspector Signature: [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: [Signature] Date: 12/24/98

## 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: [Signature] Date Approved: 03/19/01

## PERMIT INFORMATION

<p><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type Of Structure To Be Served:</b></p> <p>1. <input checked="" 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 type="checkbox"/> OTHER — SPECIFY _____</p>	<p><b>Plumbing To Be Installed By:</b></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>05683</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
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	2	Hosebibb / Sillcock	1	Bathtub (and Shower) <u>1 1/2"</u>
		Floor Drain		Shower (Separate)
<b>OR</b>		Urinal	1	Sink <u>1 1/2"</u>
		Drinking Fountain	2	Wash Basin <u>1 1/2"</u>
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	2	Water Closet (Toilet) <u>3</u>
		Water Treatment Softener, Filter, etc.	1	Clothes Washer <u>1 1/2"</u>
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease / Oil Separator	1	Dish Washer <u>2'</u>
		Dental Cuspidor	1	Garbage Disposal
<b>OR</b>		Bidet		Laundry Tub
		Other: _____		Water Heater
TRANSFER FEE [\$6.00]	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		Fixtures (Subtotal) Column 2	
			<u>11</u>	<b>Total Fixtures</b>
		\$		Fixture Fee
		\$		Transfer Fee
		\$		Hook-Up & Relocation Fee
		\$	<u>44</u>	<b>Permit Fee (Total)</b>