

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation	PORTLAND
Street	24 VERRILL ST
Subdivision Lot #	

## PROPERTY OWNERS NAME

Last:	WHITE	First:	PAUL
Applicant Name:	JOHN CONNORS		
Mailing Address of Owner/Applicant (if Different)	213 YAGGER RD NORWICH ME 04260		

2002-8326

PORTLAND Date Permit Issued:	19 03 08 A. Rowe Local Plumbing Inspector Signature	8219	TOWN COPY	<input type="checkbox"/> If Double Fee Charged
			\$	
			L.P.I. #	06411

300-B-059

## 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

## 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 type="checkbox"/> RELOCATED PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	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 # 27573

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

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

12-22-21

*Did Roughed in*

**Caution: Permit Required**

Plumbing shall not be installed until a Permit is obtained from the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing in accordance with this specification and the State Plumbing Rules.

**Caution: Inspection Required**

I have inspected the installation and found it to be in accordance with the State Plumbing Rules.

**PLUMBING APPLICATION**

PROPERTY ADDRESS

PROPERTY OWNER'S NAME

**Owner/Applicant Statement**

I hereby state that the information furnished is correct to the best of my knowledge and belief, and that the installation is in accordance with the Local Plumbing Rules and the State Plumbing Rules.

**PERMIT INFORMATION**

The Application is for:

- 1.  NEW PLUMBING
- 2.  RELOCATED PLUMBING

Type of Structure to be Served:

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

Plumbing to be installed by:

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

LICENSE # \_\_\_\_\_

Column 1 Type of Fixture	Number	Column 2 Type of Fixture	Hook-Up to Public Sewer or Maximum of Hook-Ups
Bathroom (and Shower)	2	Flush Toilet	HOOK-UP to public sewer in those cases where the connection is not regulated and inspected by the Local Sanitary District
Shower (separate)		Floor Drain	
Sink		Urinal	HOOK-UP to an existing subsurface sanitary disposal system
Wash Basin		Drinking Fountain	
Water Closet (Toilet)		Indirect Waste	EXISTING DECONTAMINATION of sanitary lines, ducts and piping without lines below
Clothes Washer		Water Treatment System, Filter, etc.	
Dish Washer		Grease / Oil Separator	TRAFFIC FEE (feet)
Garbage Disposal		Dental Cupboard	
Laundry Tub		Bidet	OR
Water Heater		Other: _____	
		Fixture (Subtotal) Column 2	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE