

**PLUMBING APPLICATION**

Department of Health and Human Services  
Division of Environmental Health

**PROPERTY ADDRESS**

Town or Plantation: PORTLAND

Street: 34 RAINMAKER DR.

Subdivision Lot #: 585 RIVERSIDE

**PROPERTY OWNERS NAME**

Last: POLIQUIN First: JOHN

Applicant Name: SEIT NASH

Mailing Address of Owner/Applicant (If Different): PO BOX 3374 PORTLAND, ME. 04104

PORTLAND PERMIT # 9695 TOWN COPY

Date Permit Issued: 1/5/06 \$ 1361  Double Fee Charged

Local Plumbing Inspector Signature: Thomas M. Mackey L.P.I. # 0744

30636

**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: [Signature] Date: 1/5/06

**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: 01/15/06

**PERMIT INFORMATION**

<b>This Application is for</b>	<b>Type of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
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>2<sup>ND</sup> FLOOR BATH. KITCHEN STUDIO</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>8168</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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.		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
<b>OR</b>  TRANSFER FEE \$[6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Other: _____		Laundry Tub
		Fixtures (Subtotal) Column 2	5	Water Heater
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Permit Fee (Total)

Handwritten notes: 36, 10, 46, 36

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