

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

2003-8075

Town or Plantation: Portland Me
 Street Subdivision Lot #: 37 Barndollar
 Last: White First: Chris
 Applicant Name: Jon White
 Mailing Address of Owner/Applicant (if Different): 2 Forwell Court Westbrook

Permit Number: 2003-8163
 Date Issued: 03/06/03 8372
 Fee: \$ 34.00 Double Fee Charged
 Local Plumbing Inspector Signature: Thomas M. Mackley L.P.I. # 0744

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: Jon White Date: 3/6/03

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: Thomas M. Mackley Date Approved: 3/10/03

This Application is for:
 NEW PLUMBING
 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:
 MASTER PLUMBER
 OIL BURNERMAN
 MFG'D. HOUSING DEALER/MECHANIC
 PUBLIC UTILITY EMPLOYEE
 PROPERTY OWNER
 LICENSE # 02727 Martin

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

TRANSFER FEE \$6.00

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

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CR 1109

TOWN COPY 24.00 + 10.00 = 34.00

24.00

