

PLUMBING APPLICATION

12073

Health & Human Services
Mental Health, 11 SHS
Fax: (207) 287-4172

PROPERTY ADDRESS

City, Town, or Plantation: Portland
Street or Road: 659 WARREN AVE
Subdivision, Lot #: 315 A001

APPROVAL REQUIRED <<

Town/City: Portland Permit #: 201302111
Date Permit Issued: 9/17/13 Fee: \$ 50 Double Fee Charged []
Local Plumbing Inspector Signature: [Signature] L.P.I. #: 360

PROPERTY OWNERS NAME

Name (last, first, MI): HABITAT RESTORERS Owner Applicant
Mailing Address of Owner/Applicant: BOB MILES & SON, INC.
1162 US Route One
FREEMPORT, ME 04032
Daytime Tel. #: 207.869.9140

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Internal Plumbing Rules.

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
Date Approved (Rough-In): _____
Local Plumbing Inspector Signature: _____ Date Approved (Final): _____

OWNER OR APPLICANT STATEMENT

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.
Signature of Owner or Applicant: [Signature] Date: 9/10/13

PERMIT INFORMATION

This Application Is For 1. <input type="checkbox"/> NEW PLUMBING INSTALLATION 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served 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 _____	RECEIVED SEP 17 2013 Dept. of Building Inspections City of Portland Maine	Plumbing To Be Installed By 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 3. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 4. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>077665</u>
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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
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures OR <input type="checkbox"/> TRANSFER FEE (\$10.00)		Urinal		Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Waste Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet	1	Laundry Tub
		Other: _____	1	Water Heater
		Fixtures (Subtotal) Column 2	4	Fixtures (Subtotal) Column 1
			0	Fixtures (Subtotal) Column 2
			4	TOTAL FIXTURES
			50.00	Fixture Fee
			-	Transfer Fee
			-	Hook-Up & Relocation Fee
			50.00	Permit Fee
				(Total)