

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: Potland  
Street Subdivision Lot #: 979 Riverside St

## PROPERTY OWNERS NAME

Last: Young Sr. First: \_\_\_\_\_  
Applicant Name: Michael LeBlanc  
Mailing Address of Owner/Applicant (if Different): \_\_\_\_\_

2004-8177

PORTLAND Date Permit Issued: 5/12/04 8902 TOWN COPY \$ 24.00 if Double Fee Charged

Jim Reed L.P.I. # 57,261  
Local Plumbing Inspector Signature

329 B 11

## 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.

M. T. LeBlanc 4-6-04  
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.

[Signature] 02/17/11  
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 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>Wholesale Bakery</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>283912639</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 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.  <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	<input type="checkbox"/> Hosebibb / Silcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, etc.	<input type="checkbox"/> Clothes Washer
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]	<input checked="" type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Dental Cuspidor	<input type="checkbox"/> Garbage Disposal
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Water Heater
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
	2	2
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 2
	0	0
	<b>Total Fixtures</b>	<b>Total Fixtures</b>
	Fixture Fee	Fixture Fee
	Transfer Fee	Transfer Fee
	Hook-Up & Relocation Fee	Hook-Up & Relocation Fee
	<b>Permit Fee (Total)</b>	<b>Permit Fee (Total)</b>
	24.00	24.00

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

24  
10  
+ 34