

# PLUMBING APPLICATION

835 G 008

Department of Human Sciences  
Division of Health Engineering

Town or Plantation: City of Portland  
 Street Subdivision Lot #: Haskell St / Lot # 12  
 Last: Bickford First: Mark  
 Applicant Name: Martin & Son's R.H. Inc.  
 Mailing Address of Owner/Applicant (If Different): 28 Stroudwater Street Westbrook, Me. 04092

PORTLAND Date Permit Issued: 8/21/03 PERMIT # 8602 STATE COPY \$ 87.00  Double Fee FEE Charged   
 + 10.00 Local L.P.I. # 0161210  
 Local Plumbing Inspector Signature: [Signature]

### 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] 8-26-03  
 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

|   |  |   |
|---|--|---|
| <b>This Application is for</b><br>1. <input checked="" type="checkbox"/> NEW PLUMBING<br>2. <input type="checkbox"/> RELOCATED PLUMBING | <b>Type of Structure To Be Served:</b><br>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING<br>2. <input type="checkbox"/> MODULAR OR MOBILE HOME<br>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING<br>4. <input type="checkbox"/> OTHER - SPECIFY _____ | <b>Plumbing To Be Installed By:</b><br>1. <input checked="" type="checkbox"/> MASTER PLUMBER<br>2. <input type="checkbox"/> OIL BURNERMAN<br>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC<br>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE<br>5. <input type="checkbox"/> PROPERTY OWNER<br>LICENSE # <u>027271</u> |
|---|--|---|

| Hook-Up & Piping Relocation<br>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.<br><br><b>OR</b><br><br>HOOK-UP: to an existing subsurface wastewater disposal system. | 2        | Hosebibb / Sillcock                    | 1        | Bathtub (and Shower)  |
|  |          | Floor Drain                            | 1        | Shower (Separate)     |
| <b>OR</b><br><br>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.  |          | Urinal                                 | 1        | Sink                  |
|  |          | Drinking Fountain                      | 3        | Wash Basin            |
|  |          | Indirect Waste                         | 3        | Water Closet (Toilet) |
|  |          | Water Treatment Softener, Filter, etc. | 1        | Clothes Washer        |
|  |          | Grease / Oil Separator                 | 1        | Dish Washer           |
|  |          | Dental Cuspidor                        |          | Garbage Disposal      |
|  |          | Bidet                                  |          | Laundry Tub           |
|  |          | Other: _____                           |          | Water Heater          |
|  |          | Fixtures (Subtotal) Column 2           | 11       |                       |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

STATE FEE 88.00  
80.00

+10.00 94.00