

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

2002-8174

## PROPERTY ADDRESS

Town or Plantation: PORTLAND, ME.  
 Street Subdivision Lot #: 77 LEISURE LN. #13

## PROPERTY OWNERS NAME

NORTH STAR ENT., INC.  
 Last: \_\_\_\_\_ First: \_\_\_\_\_  
 Applicant Name: CONRAD C. CLARK  
 Mailing Address of Owner/Applicant (If Different): 31 STUART ST. PORTLAND ME 04103

PORTLAND Date Permit Issued: 5/6/02  
 Local Plumbing Inspector Signature: Jeanie Burke  
 8079 TOWN COPY \$ 214.00 FEE  If Double Fee Charged  
 L.P.I. # 0732

## 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: Conrad C. Clark Date: 5-6-02

## 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: Jeanie Burke Date Approved: 7/24/02

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input checked="" type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	<b>Plumbing To Be Installed By:</b> 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 <u>MS MERV SHOE-MAKER</u> LICENSE # <u>2732</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 checked="" type="checkbox"/> <b>HOOK-UP:</b> 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"/> <b>HOOK-UP:</b> to an existing subsurface wastewater disposal system.  <input type="checkbox"/> <b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.  <b>OR</b> <input type="checkbox"/> <b>TRANSFER FEE</b> (\$6.00)	1	Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
	Fixtures (Subtotal) Column 2		9	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
			10	<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE