

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: PORTLAND UNITS
Street Subdivision Lot #: 37 LEISURE LN

PROPERTY OWNERS NAME

NORTH STAR ENTERPRISES, INC.
Last: _____ First: _____

Applicant Name: CONRAD C. CLARK

Mailing Address of Owner/Applicant (If Different): 31 STUART ST. PORTLAND 04103

PORTLAND 7812 TOWN COPY

Date Permit Issued: 8/13/01 \$ 6161001 If Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 011214

336 L 008

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: [Signature] Date: 8-23-01

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: [Signature] Date Approved: 8/23/01

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	Plumbing To Be Installed By: 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>5,2,7,3,2</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	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: _____	1	Water Heater
OR TRANSFER FEE [\$6.00]	Fixtures (Subtotal) Column 2		10	Fixtures (Subtotal) Column 1
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		11	Total Fixtures
			11	Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			66	Permit Fee (Total)

66
10
76