

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering

336-H-058

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## PROPERTY ADDRESS

Town Or Plantation	Portland
Street Subdivision Lot #	32 BACARA UN (L#8)
<b>PROPERTY OWNERS NAME</b>	
Last:	Custom Built Homes of Maine
First:	Thomas Strumph
Applicant Name:	Thomas Strumph
Mailing Address of Owner/Applicant (If Different)	191A BACH ST

PORTLAND Date Permit Issued: 12.1.98 6692 \$ TOWN COPY 52 FEE  If Double Fee Charged

L.P.I. # 0129

Local Plumbing Inspector 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 Inspector to deny a Permit.

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: 04/19/11

## 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 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 LICENSE # 7368
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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
<b>OR</b> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	2	Hosebibb / Sillcock	2	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
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]	<b>Fixtures (Subtotal) Column 2</b>		14	<b>Fixtures (Subtotal) Column 1</b>
			2	<b>Fixtures (Subtotal) Column 2</b>
				<b>Total Fixtures</b>
			\$ 52.00	<b>Fixture Fee</b>
			\$ <del>20.00</del>	<b>Transfer Fee</b>
			\$ .	<b>Hook-Up &amp; Relocation Fee</b>
			\$ <del>20.00</del>	<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

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