

PLUMBING APPLICATION

337 C 015 (1)

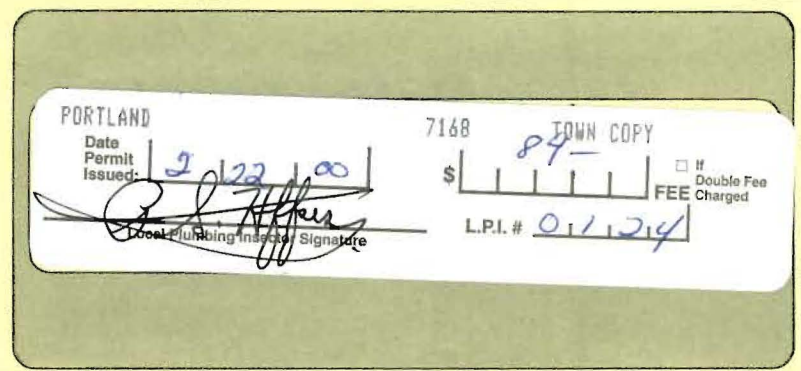
Department of Human Sciences
Division of Health Engineering **UB**

PROPERTY ADDRESS

Town or Plantation: 285 STATE ST
 Street Subdivision Lot #: PORTLAND ME

PROPERTY OWNERS NAME

Last: Higgins First: Jim
 Applicant Name: Flink's Plumbing
 Mailing Address of Owner/Applicant (If Different): 358 PINE ST PORT ME 04106



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 2/2/00

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 02/20/00

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 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 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>5488</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
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	0, 2	Hosebibb / Sillcock	0, 1	Bathtub (and Shower)
		Floor Drain	0, 1	Shower (Separate)
		Urinal	0, 1	Sink
		Drinking Fountain	0, 3	Wash Basin
		Indirect Waste	0, 3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	0, 1	Clothes Washer
		Grease / Oil Separator	0, 1	Dish Washer
		Dental Cuspidor	0, 1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
OR TRANSFER FEE [\$6.00]	Fixtures (Subtotal) Column 2		12	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			14	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			84	Permit Fee (Total)