

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation	PORTLAND
Street	16TH SEVENTH ST
Subdivision Lot #	
<b>PROPERTY OWNERS NAME</b>	
CPW DEVELOPMENT	
Last:	MCCARTHY First:
Applicant Name:	LARRY TURLOREN
Mailing Address of Owner/Applicant (If Different)	PO BOX 7180 SCHE.

2004-8052

Date Permit Issued:	12 23 04	PERMIT #	3793	STATE #	000
Local Plumbing Inspector Signature		\$	169.00	If Double Fee Charged	
L.P.I. #		0603			

340C 021001

## 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: *Larry Turloren* Date: 2-23-09

## 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

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 1. <input 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 LICENSE # 02347
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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 type="checkbox"/> HOOK-UP: 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"/> HOOK-UP: to an existing subsurface wastewater disposal system.	1	Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<input checked="" type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	8	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

600 + 100 = 700

600%

CL# 4605