

Column 1 Type of Fixture Number	Column 2 Type of Fixture Number	Hook-Up & Piping Relocation Maximum of 1 Hook-Up	TRANSFERRER FEE [\$6.00]	Fixtures (Subtotal) Column 2	Permit Fee (Total)
Bathub (and Shower)	Hosebibb / Silcock	<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.	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE <i>OK \$100</i>	0	0.40%
Shower (Separate)	Floor Drain				
Sink	Urinal				
Wash Basin	Drinking Fountain				
Water Closet (Toilet)	Indirect Waste				
Clothes Washer	Water Treatment Softener, Filter, etc.				
Dish Washer	Grease / Oil Separator				
Garbage Disposal	Dental Cuspidor				
Laundry Tub	Bidet				
Water Heater	Other: _____				
Total Fixtures				0	

**PERMIT INFORMATION**

This Application is for:

- NEW PLUMBING
- RELOCATED PLUMBING

Type of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY \_\_\_\_\_

Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG.D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # 08994

**PLUMBING APPLICATION**

**PROPERTY ADDRESS**

Town or Plantation: Portland  
 Street: 18 Fifth St  
 Subdivision Lot #: \_\_\_\_\_

**PROPERTY OWNERS NAME**

Last: KUNTZ  
 First: Kathleen  
 Charles and Kathleen Kuntz

**Mailing Address of Owner/Applicant (if Different)**

Applicant Name: Kathleen Kuntz

**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: *Kathleen E. Kuntz*  
 Date: 3-30-04

**Local Plumbing Inspector Signature**

Local Plumbing Inspector Signature: *[Signature]*  
 Date: 3/13/04  
 L.P.I. # 0254

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Date Approved: \_\_\_\_\_

Division of Health Sciences  
 Department of Human Engineering