

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation **Portland** **343** **6013**
Street or Subdivision Lot # **196 Allen Avenue**

Town/City **PORTLAND** Permit # **20140360**

Date Permit Issued **10/1/14** Fee: \$ **130** Double Fee Charged []

PROPERTY OWNER(S) NAME

City of Portland
Last: First:

Applicant Name: **Warren Mechanical, Inc.**

Mailing Address of Owner/Applicant (if Different) **P.O. Box 149 Westbrook, Maine 04098**

Local Plumbing Inspector Signature **[Signature]** L.P.I. # **360**

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(s) to deny a permit.

[Signature]
Signature of Owner/Applicant **10/8/14** Date

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Caution: Inspection Required

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

Date Approved (Rough-in) _____
LPI Signature _____ Date Approved (Final) _____

PERMIT INFORMATION

This Application Is for	Type of Structure to be Served	Plumbing to be installed by:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER-SPECIFY <u>School</u> Casco Bay High	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>018147</u>
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.	<input type="checkbox"/> Hosebib / Sillcock <input type="checkbox"/> Floor Drain <input type="checkbox"/> Urinal <input type="checkbox"/> Drinking Fountain <input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Bathtub (and Shower) <input type="checkbox"/> Shower (separate) <input checked="" type="checkbox"/> 5 Sink <input type="checkbox"/> Wash Basin <input type="checkbox"/> Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Water Treatment Softener, Filter, Etc. <input type="checkbox"/> Grease / Oil Separator <input type="checkbox"/> Roof Drain	<input type="checkbox"/> Clothes Washer <input checked="" type="checkbox"/> 1 Dish Washer <input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Bidet <input checked="" type="checkbox"/> 6 Other: <u>Emergency eyewash</u> <input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Laundry Tub <input type="checkbox"/> Water Heater <input checked="" type="checkbox"/> 6 Fixtures (Subtotal) Column 1 <input checked="" type="checkbox"/> 6 Fixtures (Subtotal) Column 2
OR		TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE (\$10.00)	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE	<input type="checkbox"/> 120 Fixture Fee <input type="checkbox"/> 10 City fee <input type="checkbox"/> Hook-Up & Relocation Fee
	<input type="checkbox"/> Owner <input type="checkbox"/> Town Copy <input type="checkbox"/> State Copy	PERMIT FEE (TOTAL)

No Fee - Public School