

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: Portland  
 Street: DePue Lane Lot #: 181234  
 Subdivision Lot #: \_\_\_\_\_  
**PROPERTY OWNERS NAME**  
A.L.C. Development

Last: \_\_\_\_\_ FIRST: \_\_\_\_\_

Applicant Name: E.C. Russell Sr

Mailing Address of Owner/Applicant (if Different): 463 Connor Rd. N.C. 01687

### 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: \_\_\_\_\_

Date: 11/25/10

Local Plumbing Inspector Signature \_\_\_\_\_

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

## PERMIT INFORMATION

<p><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type of Structure To Be Served:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <u>4-unit</u></p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p><b>Plumbing To Be Installed By:</b></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>62324</u></p>
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7010

Date Permit Issued: 11/29/10 \$ 2181010  If Double Fee Charged

Local Plumbing Inspector Signature: \_\_\_\_\_ L.P.I. # 015815

323

**Caution: Inspection Required**  
 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2	Number	Column 1
		Type of Fixture		Type of Fixture
<p><b>OR</b></p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>OR</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>	4	Hosebibb / Silcock	4	Bathub (and Shower)
		Floor Drain	4	Shower (Separate)
		Urinal	4	Sink
		Drinking Fountain	8	Wash Basin
		Indirect Waste	8	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	4	Clothes Washer
		Grease / Oil Separator	4	Dish Washer
		Dental Cuspidor	4	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	4	Water Heater <u>812</u>
<p><b>OR</b></p> <p>TRANSFER FEE [56.00]</p>				
		Fixtures (Subtotal) Column 2	44	Fixtures (Subtotal) Column 1
		Fixtures (Subtotal) Column 2	44	Fixtures (Subtotal) Column 2
		<b>Total Fixtures</b>		
		Fixture Fee		
		Transfer Fee		
		Hook-Up & Relocation Fee		
		<b>Permit Fee (Total)</b>	<b>288</b>	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

288

# PLUMBING APPLICATION

3002-343-C-50

Department of Human Services  
Division of Health Engineering

## PROPERTY ADDRESS

Town Or Plantation: Portland  
 Street: Delaware Ave  
 Subdivision Lot #: 83-88-97-29

## PROPERTY OWNERS NAME

Last: ALC First: \_\_\_\_\_

Applicant Name: Earl Paul Jr

Mailing Address of Owner/Applicant (if Different): 403 Congress St Portland ME 04103

## 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: 6/16/02

PORTLAND  
 Date Permitted: 6/19/02  
 Issued: Paul J. Kelly  
 Local Plumbing Inspector Signature

6136 TOWN COPY  
 \$ 288.00 PERMIT FEE  
 L.P.L.# 0161018 FEE Double Fee Charged

## 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

This Application is for

- NEW PLUMBING
- RELOCATED PLUMBING

Type Of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING 4 units
- OTHER — SPECIFY \_\_\_\_\_

Plumbing To Be Installed By:

- MASTER PLUMBER
  - OIL BURNERMAN
  - MFG'D. HOUSING DEALER / MECHANIC
  - PUBLIC UTILITY EMPLOYEE
  - PROPERTY OWNER
- LICENSE # 0161018

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number		Number	
<p><b>OR</b></p> <p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p><b>OR</b></p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>	4	Hosebibb / Sillcock	4	Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
		Urinal	4	Sink
		Drinking Fountain	8	Wash Basin
		Indirect Waste	8	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	4	Clothes Washer
		Grease / Oil Separator	4	Dish Washer
		Dental Cuspidor	4	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	4	Water Heater <u>812</u>
<p><b>OR</b></p> <p>TRANSFER FEE (\$6.00)</p>		44	Fixtures (Subtotal) Column 1	
		4	Fixtures (Subtotal) Column 2	
		78	Fixtures (Subtotal) Column 2	
			<b>Total Fixtures</b>	
			Fixture Fee	
			Transfer Fee	
			Hook-Up & Relocation Fee	
			Permit Fee	
			<b>Permit Fee (Total)</b>	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY 3/11/02

6/19/02 5:00 PM