

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

Town or Plantation: Portland Me.
 Street Subdivision Lot #: 6 Pennell Ave
 Last: Oulette First: Kevin
 Applicant Name: Robert S. Dorr
 Mailing Address of Owner/Applicant (If Different): 294 Holmes Rd. Scarborough Me. 04074

2004-8103
 Date Permit Issued: 3/30/04 \$ 115.00 Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 01641
 319 328

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] 3-30-04
 Signature of Owner/Applicant Date

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: _____

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 checked="" type="checkbox"/> OTHER - SPECIFY <u>Duplex</u>	Plumbing To Be Installed By: 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>08566</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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.	<u>4</u>	Hosebibb / Sillcock	<u>2</u>	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>2</u>	Sink
		Drinking Fountain	<u>4</u>	Wash Basin
		Indirect Waste	<u>4</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>2</u>	Clothes Washer
		Grease / Oil Separator	<u>2</u>	Dish Washer
		Dental Cuspidor	<u>2</u>	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	<u>2</u>	Water Heater
TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2		
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
$\begin{array}{r} 150 \\ + 10 \\ \hline 160 \end{array}$				
Total Fixtures				
Permit Fee (Total)				<u>150</u>