

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation: Portland Me
 Street Subdivision Lot #: 123 Plymouth St.
 PROPERTY OWNERS NAME
Anderson Realestate
 Last: Madd First: L.L.C.
 Applicant Name: Robert S Dorr
 Mailing Address of Owner/Applicant (If Different): 17 Milliken Rd. Scarborough Me 04074

2010 8113

PORTLAND
 Date Permit Issued: 5-3-10 PERMIT # 11266 TOWN COPY
 \$ 712.00 If Double Fee Charged
James Merson L.P.I. # 3161
 Local Plumbing Inspector Signature

345 B016

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.

Robert S. Dorr 5-3-10
 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

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</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>Plumbing To Be Installed By:</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>08566</u></p>
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345 B016

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<p><u>HOOK-UP:</u> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p style="text-align: center; font-size: 1.5em;">OR</p> <p><u>HOOK-UP:</u> to an existing subsurface wastewater disposal system.</p> <p style="text-align: center; font-size: 1.5em;">OR</p> <p><u>PIPING RELOCATION:</u> of sanitary lines, drains, and piping without new fixtures.</p> <p style="text-align: center; font-size: 1.5em;">OR</p> <p>TRANSFER FEE [\$6.00]</p>	2	Hosebib / Sillcock	1	Bathtub (and Shower)
			Floor Drain	
		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Roof Drain	1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	9	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			11	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			72	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

72
10
7