

# PLUMBING APPLICATION

Maine Dept. Health & Human Services  
 Div of Environmental Health, 11 SHS  
 (207) 287-5672 Fax: (207) 287-4172

## PROPERTY ADDRESS

City, Town, or Plantation: Portland, M.E.  
 Street or Road: 107 Northward St.  
 Subdivision, Lot #: Sarah Enkorky

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City: Portland Permit # 201301250  
 Date Permit Issued: 6/17/13 Fee: \$ 50 Double Fee Charged [ ]  
 L.P.I. # \_\_\_\_\_  
 Local Plumbing Inspector Signature: [Signature]

## PROPERTY OWNERS NAME

Name (last, first, MI): Fava, Stephen  
 Owner  
 Applicant  
 Mailing Address of Owner/Applicant: P.O. Box 108  
Phillipsburg, M.E. 04580  
 Daytime Tel. #: 207-719-5702

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 Internal Plumbing Rules.

### CAUTION: INSPECTION REQUIRED

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

**OWNER OR APPLICANT STATEMENT**  
 I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.  
[Signature] 6-17-13  
 Signature of Owner or Applicant Date

Date Approved (Rough-In)

Local Plumbing Inspector Signature

Date Approved (Final)

## PERMIT INFORMATION

This Application Is For  1. <input checked="" type="checkbox"/> NEW PLUMBING INSTALLATION  2. <input type="checkbox"/> RELOCATED PLUMBING <u>Replaced E.H. Water Htr.</u>	Type of Structure To Be Served 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____	Plumbing To Be Installed By 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 3. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 4. <input type="checkbox"/> PROPERTY OWNER  LICENSE # <u>4490011299</u>
	# 11958	

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

\$50.00