

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: PORTLAND
Street Subdivision Lot #: 1756 WASHINGTON AVE

PROPERTY OWNERS NAME

Last: ROBERTS First: KATHY

Applicant Name: PINE STATE P&H

Mailing Address of Owner/Applicant (If Different): PO BOX 6309 CARROLLTON ME 04070

2007-8368

PORTLAND Date Permit Issued: <u>8/24/07</u>	9065	TOWN COPY	\$ <u>130.00</u>	<input type="checkbox"/> If Double Fee Charged
Local Plumbing Inspector Signature: <u>[Signature]</u>			L.P.I. # <u>0603</u>	

352 A 001

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.

Thomas D. Davis 9-18-07
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

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 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 _____	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>16993</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain	0 1	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain	0 1	Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste	0 1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	0 1	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	0 4	Fixtures (Subtotal) Column 1
			0 4	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			30	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

CKH 3284

30