

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: Portland
 Street: Lot 9 Bramblewood
 Subdivision Lot #

PROPERTY OWNERS NAME

Last: Chase First: John
 Applicant Name: Carl J Hennikson
 Mailing Address of Owner/Applicant (If Different): PO Box 255
CE ME 04107

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] 11-18-98
 Signature of Owner/Applicant Date

377-F-012

Department of Human Sciences
Division of Health Engineering

DATE PERMIT ISSUED: 11/17/98 PERMIT # 6670 STATE YEAR: 1998 Double Fee Charged

Local Plumbing Inspector Signature: _____ L.P.I. # 01943

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 2. <input type="checkbox"/> RELOCATED PLUMBING</p> | <p>Type of Structure To Be Served:</p> <p>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 _____</p> | <p>Plumbing To Be Installed By:</p> <p>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>01943</u></p> |
|--|---|---|

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Number | Column 2 Type of Fixture | Number | Column 1 Type of Fixture |
|---|--------|--|--------|------------------------------------|
| <p>OR</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>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> | 2 | Hosebibb / Sillcock | 1 | Bathub (and Shower) <u>11/6"</u> |
| | | Floor Drain | | Shower (Separate) |
| | | Urinal | 1 | Sink <u>1 1/2 min</u> |
| | | Drinking Fountain | 2 | Wash Basin <u>1 1/2 min</u> |
| | | Indirect Waste | 2 | Water Closet (Toilet) <u>8 min</u> |
| | | Water Treatment Softener, Filter, etc. | 1 | Clothes Washer <u>2 1/2 min</u> |
| | | Grease / Oil Separator | 1 | Dish Washer <u>1 1/2 min</u> |
| | | Dental Cuspidor | 1 | Garbage Disposal <u>1 1/2</u> |
| | | Bidet | | Laundry Tub |
| | | Other: _____ | 1 | Water Heater |
| OR | | Fixtures (Subtotal) Column 2 | 1.0 | Fixtures (Subtotal) Column 1 |
| TRANSFER FEE [\$6.00] | | | 2 | Fixtures (Subtotal) Column 2 |
| | | | 1.2 | Total Fixtures |
| | | | | Fixture Fee |
| | | | | Transfer Fee |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE