

Town or Plantation: Portland Me.
 Street: 57 Baileys Ave
 Subdivision Lot #

PORTLAND 7959 TOWN COPY
 Date Permit Issued: 11/16/01 \$ 316.10/01 Double Fee FEE Charged
 Local Plumbing Inspector Signature: _____ L.P.I. # 0593

Last: Wood First: Chris
 Applicant Name: Timothy C. Paul
 Mailing Address of Owner/Applicant: 203 Allen Ave
 (If Different): Portland Me 04103

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.
Tim Paul
 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	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" 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>LS724</u>

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. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb/Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	5	
TRANSFER FEE \$6.00				
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			26	
			10	
			46	
			36	

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or City

PROPERTY OWNERS NAME

Applicant's Name
Address
City
State
Zip

Applicant's Statement

I hereby certify that the information furnished on this application is true and correct to the best of my knowledge and belief, and that I am a duly licensed plumber in the State of Texas.

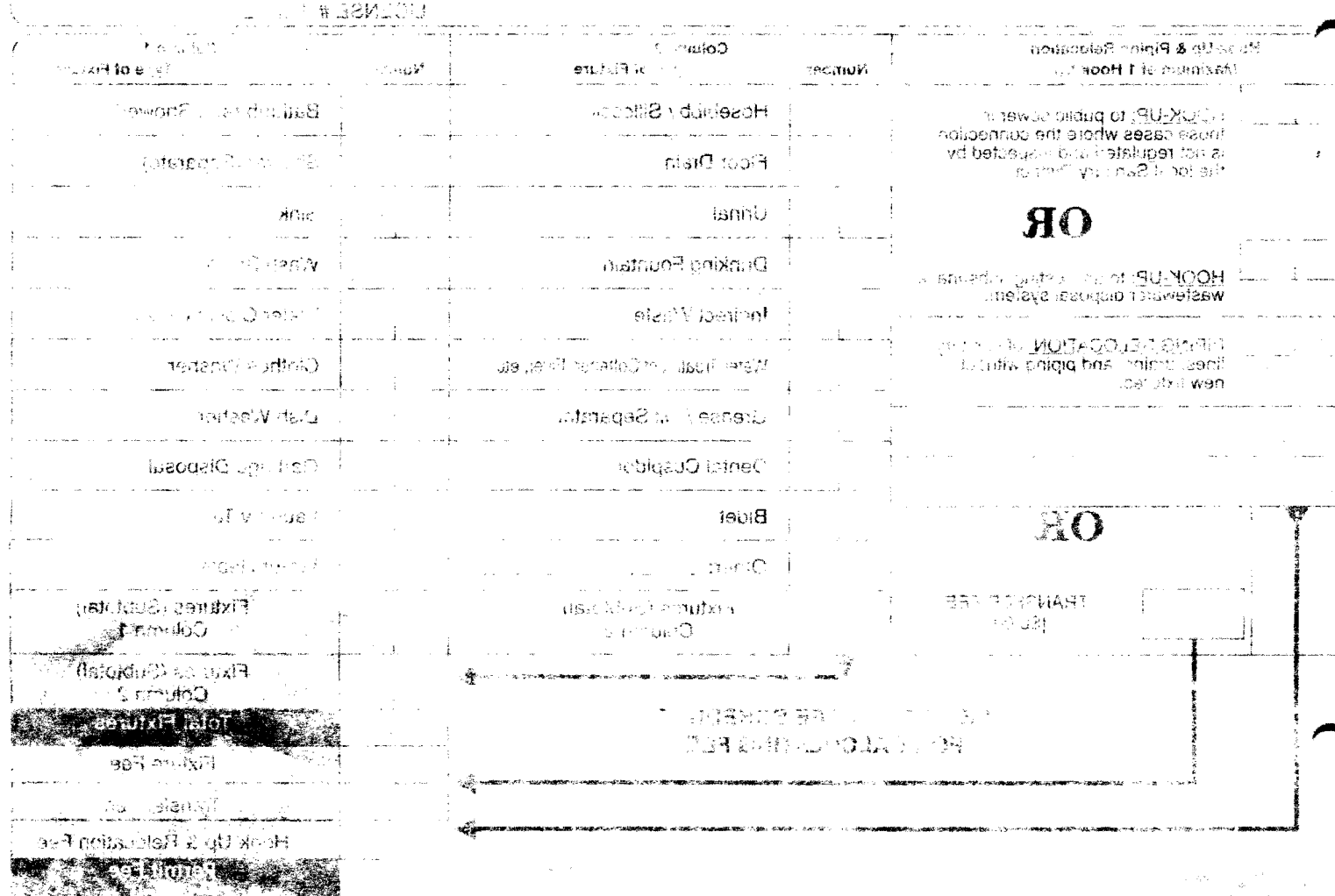
Caution: Permit Required
Plumbing shall not be installed until a permit is obtained from the Local Plumbing Department. The permit shall be obtained from the owner of the premises or the person in charge of the premises, and the Local Plumbing Department.

378
1/2/11

378
1/2/11

PERMIT INFORMATION

This Application is for:	Type of Structure to be Served:	Number of Units to be Served:
1. REPAIRS TO EXISTING PLUMBING	1. SINGLE FAMILY DWELLING	1. NUMBER OF UNITS
2. NEW PLUMBING	2. MODULAR OR PRECAST CONCRETE	2. OR BUSINESS
3. ADDITIONAL PLUMBING	3. MULTIFAMILY DWELLING	3. MEMBER OF THE BEARERS/MECHANIC
4. OTHER - SPECIFY	4. INDUSTRIAL/COMMERCIAL	4. PROFESSIONAL NUMBER



Check this box if the plumbing work is for a new building or addition to an existing building.

Check this box if the plumbing work is for a repair or replacement of an existing plumbing fixture or system.