

**PLUMBING APPLICATION**

Department of Health and Human Services  
Division of Health Engineering

Town or Plantation: **PORTLAND**  
 Street Subdivision Lot #: **88 BARTLEY AVE.**  
 Last: **MARSHALL** First: **JILL**  
 Applicant Name: **MICHAEL PRIOR**  
 Mailing Address of Owner/Applicant (If Different): **(ABOVE)**

PORTLAND PERMIT # 9589 TOWN COPY  
 Date Permit Issued: **10/12/05** \$ **11.24**  Double Fee FEE Charged  
 L.P.I. # **0244**  
 Local Plumbing Inspector Signature: *[Signature]*

**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.  
 Signature: *[Signature]* Date: **10/11/05**

**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: \_\_\_\_\_

<b>This Application is for</b>	<b>Type of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
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 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 checked="" type="checkbox"/> PROPERTY OWNER LICENSE # _____

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. <b>OR</b> HOOK-UP: to an existing subsurface wastewater disposal system.		Hose/Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. <b>OR</b> TRANSFER FEE (\$6.00)		Urinal	1	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE 24 10 39				Total Fixtures
				Permit Fee (Total)

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RECEIVED  
 OCT 12 2005  
 DIVISION OF PERMITS AND INSPECTION  
 2005-2067