

**PLUMBING APPLICATION**

379.8.011

Department of Human Sciences  
Division of Health Engineering

Town or Plantation: Portland  
Street Subdivision Lot #: 15 Fall Lane

PORTLAND 7769 TOWN COPY  
Date Permit Issued: 7/17/01 \$ 128.00 # Double Fee Charged  
Local Plumbing Inspector Signature: \_\_\_\_\_ L.P.I. # 011217

Last Name: Plumer First: David  
Applicant Name: Gabriel Plumbing & Heating LLC  
Mailing Address of Owner/Applicant (if Different): PO Box 3775 Portland, ME 04104

**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 of Owner/Applicant: \_\_\_\_\_ Date: 7/17/01

**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 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>07095</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up:	Column 2 Number Type of Fixture	Column 1 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. <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	<input type="checkbox"/> Hosebibb / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
<b>OR</b>	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, etc.	<input type="checkbox"/> Clothes Washer
<input type="checkbox"/> TRANSFER FEE \$[6.00]	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Dental Cuspidor	<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> Bidet <input type="checkbox"/> Other: _____	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Water Heater
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		Total Fixtures: <u>4</u> Permit Fee (Total): <u>27.00</u>

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