

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

Town or Plantation: Portland
 Street: 46 Bentley
 Subdivision Lot #: _____
 Last: Paradise First: Jon + Kathi
 Applicant Name: NORMAN C. MARTIN P.H.
 Mailing Address of Owner/Applicant (if Different): 294 W. GRAY RD

PORTLAND 8508 TOWN COPY
 Date Permit Issued: 6/20/03 \$ 3000 # Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 01041

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] 6-20-03
 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 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>06163</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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.		Hosebibb / Sillcock	/	Bathtub (and Shower)
OR		Floor Drain		Shower (Separate)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Urinal		Sink
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Drinking Fountain	/	Wash Basin
OR		Indirect Waste	/	Water Closet (Toilet)
<input type="checkbox"/> TRANSFER FEE (\$6.00)		Water Treatment Softener, Filter, etc.	/	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	4	
			0	
			4	Total Fixtures
			300	Permit Fee (Total)

3 @ \$24.00
 1 @ 6.00
 30.00
 CR # 1763
 30/40
 TOWN COPY