

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

Town or Plantation: Portland
 Street Subdivision Lot #: 10 Melody Lane
 Last: Ryan First: Bethany
 Applicant Name: James Witherow
 Mailing Address of Owner/Applicant (If Different): 14 Graces Way Windham ME 04662

DATE: 5/16/04 \$ 160.00 Double Fee
 Issued: 1516104 L.P.I. # 0732
 Local Plumbing Inspector Signature: James Bouka

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: James Witherow Date: 5/16/04

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>07427</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	1	Bath tub (and Shower)
OR		Floor Drain	1	Shower (Separate)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Urinal	1	Sink
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	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	9	
		TRANSFER FEE \$6.00		
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE (Handwritten: CK# 1256, 600 x 1/4)				
				Permit Fee (Total): <u>600.00</u>