

PLUMBING APPLICATION

379 E 004 #2
 Department of Human Sciences
 Division of Health Engineering

Town or Plantation: Portland
 Street: 31 Melody Ave
 Subdivision Lot #:
 Last: Methat First: John
 Applicant Name: Darby Plumbing Heat Inc
 Mailing Address of Owner/Applicant (If Different): 27 Jannah Ave Portland ME 04107

PORTLAND 7558 TOWN COPY
 Date Permit Issued: 12/29/02 \$ 36.00 Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 01124

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 of Owner/Applicant: [Signature] Date: 12/29/02

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>07169</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	<u>0,1</u>	Shower (Separate)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Urinal	<u>0,1</u>	Sink
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Drinking Fountain	<u>0,1</u>	Wash Basin
		Indirect Waste	<u>0,1</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>0,1</u>	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor	<u>0,1</u>	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
<input type="checkbox"/> TRANSFER FEE \$6.00		Fixtures (Subtotal) Column 2	<u>0,6</u>	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			<u>36</u>	Total Fixtures
			<u>36</u>	Permit Fee (Total)

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