

# PLUMBING APPLICATION

379-B-025

Department of Human Services  
Division of Health Engineering

**PROPERTY ADDRESS**

Town Or Plantation: Portland

Street: 54 Bartley Ave.

Subdivision Lot #: 54 Bartley Ave.

**PROPERTY OWNERS NAME**

Last: Gravel First: Jim

Applicant Name: William Lumb

Mailing Address of Owner/Applicant (if Different): P.O. Box 632, Saco, Maine 04072

**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.

William Lumb Signature of Owner/Applicant      8-11-98 Date

PGATLAND PERMIT # 6573 STATE COPY

Date Permit Issued: 8/14/98 \$ 201 FEE Double Fee Charged

Local Plumbing Inspector Signature: \_\_\_\_\_ L.P.I. # 0124

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

**PERMIT INFORMATION**

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type Of Structure To Be Served:</b> 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 _____	<b>Plumbing To Be Installed By:</b> 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>102646</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	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.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet	1	Laundry Tub
		Other: _____		Water Heater
<input type="checkbox"/> TRANSFER FEE (\$6.00)	<b>Fixtures (Subtotal) Column 2</b>		4	<b>Fixtures (Subtotal) Column 1</b>
	<b>Fixtures (Subtotal) Column 2</b>		0	<b>Fixtures (Subtotal) Column 2</b>
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			4	<b>Total Fixtures</b>
			\$ 20	<b>Fixture Fee</b>
			\$	<b>Transfer Fee</b>
			\$	<b>Hook-Up &amp; Relocation Fee</b>
			\$ 20	<b>Permit Fee (Total)</b>