

PLUMBING APPLICATION

380 AA007 #2
 Department of Human Sciences
 Division of Health Engineering
 City 4/22
 Log 86

Town or Plantation: Portland
 Street Subdivision Lot #: 52 Summit Park Ave.

Last: Lamontagne First: Roger
 Applicant Name: Todd Hamilton
 Mailing Address of Owner/Applicant (If Different): 93 Highland Cliff Rd. Windham, Me. 04062

PORTLAND
 Date Permit Issued: 9/25/00 7458 TOWN COPY
 \$ 2410.00 # Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 011014

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.
Todd Hamilton 9-25-00
 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>02344</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. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Silcock	/	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain	/	Wash Basin
OR <input type="checkbox"/> TRANSFER FEE (\$6.00)		Indirect Waste	/	Water Closet (Toilet)
		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	3	
			0	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
				Total Fixtures
				Permit Fee Total

10 surcharges
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 Page 1 of 1 HHE-211 Rev. 6/94