

PLUMBING APPLICATION

Department of Health and Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: Portland
Street / Subdivision Lot #: 61 Jackson

PROPERTY OWNERS NAME

Last: Musters First: Jan Willem
Applicant Name: Jan Willem Musters
Mailing Address of Owner/Applicant (If Different): 671 Auburn St.

058264

PORTLAND PERMIT # 9479 STATE COPY

Date Permit Issued: 7/25/05 \$ 12410.00 If Double Fee Charged

9th
Local Plumbing Inspector Signature

L.P.I. # 20411

382 A 003

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] 7-25-05
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

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p>Plumbing To Be Installed By:</p> <p>1. <input type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input checked="" type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # _____</p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number 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.	<input type="checkbox"/> Hosebibb / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input checked="" type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Floor Drain
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Sink
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Water Treatment System, Filter, etc.	<input type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Clothes Washer
	<input type="checkbox"/> Dental Cuspidor	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Bidet	<input type="checkbox"/> Garbage Disposal
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Water Heater
<input type="checkbox"/> TRANSFER FEE [\$6.00]		<input type="checkbox"/> Fixtures (Subtotal) Column 1
		<input type="checkbox"/> Fixtures (Subtotal) Column 2
		Total Fixtures
		<input type="checkbox"/> Fixture Fee
		<input type="checkbox"/> Transfer Fee
		<input type="checkbox"/> Hook-Up & Relocation Fee
		Permit Fee (Total)

DEPT. OF BUILDING INSPECTION
 CITY OF PORTLAND, ME
 JUL 25 2005
RECEIVED

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

24/10

34