

Town or Plantation: Portland
 Street: 13 Kenneth St.
 Subdivision Lot #

Last: Higgins First: Tim
 Applicant Name: Jim Godbout

Mailing Address of Owner/Applicant (If Different): 183 Granite St. Biddeford, Me 04005

Caution: Permit Required

PORTLAND Date Permit Issued: 5/19/00 7299 \$ 160 TOWN COPY Double Fee FEE Charged

[Signature] L.P.I. # 01241

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] Date: 5-17-00

Caution: Inspection Required
 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[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>05993</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.	<u>2</u>	Hosebibb / Sillcock	<u>1</u>	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>1</u>	Sink
		Drinking Fountain	<u>1</u>	Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste	<u>1</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>1</u>	Clothes Washer
		Grease / Oil Separator	<u>1</u>	Dish Washer
		Dental Cuspidor	<u>1</u>	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	<u>1</u>	Water Heater
		Fixtures (Subtotal) Column 2	<u>8</u>	
			<u>2</u>	Total Fixtures
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
				Permit Fee (Total)