

PLUMBING APPLICATION

Department of Health and Human Services  
Division of Health Engineering

Town or Plantation	166 Lambert St
Street	Portland
Subdivision Lot #	
Last: Peppers	First: Timothy
Applicant Name:	Same
Mailing Address of Owner/Applicant (if Different)	697 Gray rd Gorham

PORTLAND	PERMIT # 9579	TOWN COPY
Date Permit Issued: 10/3/05	\$ 11.84	Double Fee Charged
Local Plumbing Inspector Signature	L.P.I. # 0680	

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and understand that any misification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 6-15

**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: [Signature] Date Approved: 08/14/11

<b>This Application is for</b>	<b>Type of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input checked="" type="checkbox"/> NEW PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
	4. <input type="checkbox"/> OTHER - SPECIFY _____	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # MS9000 9151

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input checked="" type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	0 2	Hosebibb / Sillcock	0 1	Bathtub (and Shower)
<b>OR</b>	0 0	Floor Drain	0 1	Shower (Separate)
	0 0	Urinal	0 1	Sink
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	0 0	Drinking Fountain	0 3	Wash Basin
<b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.	0 0	Indirect Waste	0 2	Water Closet (Toilet)
	0 0	Water Treatment Softener, Filter, etc.	0 1	Clothes Washer
	0 0	Grease / Oil Separator	0 1	Dish Washer
	0 0	Dental Cuspidor	0 1	Garbage Disposal
<b>OR</b>	0 0	Bidet	0 0	Laundry Tub
	0 0	Other: _____	0 0	Water Heater
<input type="checkbox"/> TRANSFER FEE [\$6.00]	0 2	Fixtures (Subtotal) Column 2	1 1	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			2	Total Fixtures
			1	Permit Fee (Total)
			84	