

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

Town or Plantation: **PORTLAND**
 Street / Subdivision Lot #: **514 SUMMIT ST**
 Last: **ROWE** First: **STEVEN**
 Applicant Name: **DANIEL BURKE**
 Mailing Address of Owner/Applicant (if Different): **16 PARSONAGE RD NO. YARMOUTH**

PORTLAND
 Date Permit Issued: **6/2/04**
 Local Plumbing Inspector Signature: *[Signature]*
 8941 TOWN COPY
 \$ **1214.00** FEE Double Fee Charged
 L.P.I. # **0670**

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: *[Signature]* Date: **6/2/04**

Caution: Inspection Required
 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
 Signature: *[Signature]* Date Approved: **6/2/04**

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 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 _____	Plumbing To Be Installed By: 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 # 2533
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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. OR HOOK-UP: to an existing subsurface wastewater disposal system. OR 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	1	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
TRANSFER FEE (\$6.00)		Fixtures (Subtotal) Column 2	3	
			0	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			34	Total Fixtures
				Permit Fee (Total)

PH 9160

10/31

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