

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering

## PROPERTY ADDRESS

Town Or Plantation: Portland  
Street Subdivision Lot #: 360 Ray Str unit 13

## PROPERTY OWNERS NAME

Last: Risberg Bros First: \_\_\_\_\_  
Applicant Name: Carl J Henriksen

Mailing Address of Owner/Applicant (if Different): PO Box 255 ME 04107

## 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 Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 1-17-97

7

PORTLAND PERMIT # 5978 STATE COPY

Date Permit Issued: 1-17-97 \$ 64 FEE  If Double Fee Charged

78 Local Plumbing Inspector Signature L.P.I. # 0129

400 D 3

## 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

### This Application is for

- 1.  NEW PLUMBING
- 2.  RELOCATED PLUMBING

### Type Of Structure To Be Served:

- 1.  SINGLE FAMILY DWELLING
- 2.  MODULAR OR MOBILE HOME
- 3.  MULTIPLE FAMILY DWELLING
- 4.  OTHER — SPECIFY \_\_\_\_\_

### Plumbing To Be Installed By:

- 1.  MASTER PLUMBER
- 2.  OIL BURNERMAN
- 3.  MFG'D. HOUSING DEALER / MECHANIC
- 4.  PUBLIC UTILITY EMPLOYEE
- 5.  PROPERTY OWNER

LICENSE # 01943

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.	2	Hosebibb / Sillcock	2	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
OR		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	3	Water Closet (Toilet)
OR		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Dental Cuspidor	1	Garbage Disposal
		Bidet	1	Laundry Tub
		Other: _____	1	Water Heater
		<b>Fixtures (Subtotal) Column 2</b>		<b>Fixtures (Subtotal) Column 1</b>
				<b>Fixtures (Subtotal) Column 2</b>
			16	<b>Total Fixtures</b>
			\$	<b>Fixture Fee</b>
			\$	<b>Transfer Fee</b>
			\$	<b>Hook-Up &amp; Relocation Fee</b>
			\$ 64	<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

400-D-003

# PLUMBING APPLICATION

## PROPERTY ADDRESS

Town Or Plantation	Portland
Street Subdivision Lot #	360 Ray Str Unit 12

## PROPERTY OWNERS NAME

Last: Risbava Bros  
First: \_\_\_\_\_

Applicant Name: Carl J Henriksen

Mailing Address of Owner/Applicant (If Different)  
PO Box 255  
CE ME 04107

## 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 Inspector to deny a Permit.

Signature of Owner/Applicant

Date

PORTLAND

PERMIT # 5977

STATE COPY

Date Permit issued:

1-17-97

\$

60

FEE

Double Fee Charged

77

Local Plumbing Inspector Signature

L.P.I. #

0124

## 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

### This Application is for

- NEW PLUMBING
- RELOCATED PLUMBING

### Type Of Structure To Be Served:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER — SPECIFY \_\_\_\_\_

### Plumbing To Be Installed By:

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER / MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # 01943

### Hook-Up & Piping Relocation Maximum of 1 Hook-Up

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.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

**OR**

TRANSFER FEE  
[\$6.00]

### Column 2

Number

Type of Fixture

2 Hosebibb / Sillcock

Floor Drain

Urinal

Drinking Fountain

Indirect Waste

Water Treatment Softener, Filter, etc.

Grease / Oil Separator

Dental Cuspidor

Bidet

Other: \_\_\_\_\_

Fixtures (Subtotal)  
Column 2

### Column 1

Number

Type of Fixture

1 Bathtub (and Shower)

1 Shower (Separate)

1 Sink

3 Wash Basin

3 Water Closet (Toilet)

1 Clothes Washer

1 Dish Washer

1 Garbage Disposal

1 Laundry Tub

1 Water Heater

Fixtures (Subtotal)  
Column 1

Fixtures (Subtotal)  
Column 2

15 Total Fixtures

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

Permit Fee  
(Total)

SEE PERMIT FEE SCHEDULE  
FOR CALCULATING FEE

\$ 60

# PLUMBING APPLICATION

## PROPERTY ADDRESS

Town Or Plantation	Portland
Street Subdivision Lot #	360 Ray STR Unit 11

## PROPERTY OWNERS NAME

Last:	Risbara	First:	Boos
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Applicant Name:	Carl J. Henriksen
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Mailing Address of Owner/Applicant (If Different)	PO Box 255 Cape Elizabeth Me. 04107
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PORTLAND Date Permit Issued: 1-17-97	PERMIT # 5976	STATE COPY
\$ _____ FEE <input type="checkbox"/> If Double Fee Charged		L.P.I. # 0129
_____ Local Plumbing Inspector Signature		76

### 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 Inspector to deny a Permit.

*Carl J. Henriksen*  
Signature of Owner/Applicant      1-17-97      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

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type Of Structure To Be Served:</b> 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 _____	<b>Plumbing To Be Installed By:</b> 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>011943</u>
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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		
<b>OR</b> HOOK-UP: to an existing subsurface wastewater disposal system.  PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	2	Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	1	Water Heater
<b>OR</b> TRANSFER FEE [\$6.00]	<b>Fixtures (Subtotal) Column 2</b>	<b>Fixtures (Subtotal) Column 1</b>		
		<b>Fixtures (Subtotal) Column 2</b>		
		15		<b>Total Fixtures</b>
		\$		<b>Fixture Fee</b>
		\$		<b>Transfer Fee</b>
		\$		<b>Hook-Up &amp; Relocation Fee</b>
		\$ 60.		<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE