

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	PORTLAND
Street Subdivision Lot #	27 NORTHPORT DR.

PROPERTY OWNERS NAME

MARTIN'S POINT HEALTH CARE

Last: _____ First: _____

Applicant Name: SOUTHERN MAINE PLBG & HTF INC

Mailing Address of Owner/Applicant (If Different): 160 PRESUMPSCOT ST
PORTLAND, ME 04103

2010-8333

Caution: Permit Required

Plumbing shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing in accordance with this application and the Maine Plumbing Rules.

401-A-5-27-

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]

12/2/10

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

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 type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER - SPECIFY <u>COMM'L</u>	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 # <u>02288</u>
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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
<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.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain	0 2	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	0 6	Urinal	0 3	Sink
		Drinking Fountain		Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	0 3	Water Heater
	0 6	Fixtures (Subtotal) Column 2	0 8	Fixtures (Subtotal) Column 1
			0 6	Fixtures (Subtotal) Column 2
			1 4	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE