

PLUMBING APP

Maine Dept. Health & Human Services
 Div of Environmental Health, 11 SHS
 (207) 287-5672 Fax: (207) 287-4172

PROPERTY ADC

12011

ION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation: Portland
 Street or Road: LOT 1 STEPPING STONE LN,
 Subdivision, Lot #: 1

City: Portland Permit #: 2013-01698
 Date Permit Issued: 8-5-13 Fee: \$ 150 Double Fee Charged []
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 360

PROPERTY OWNERS NAME

Name (last, first, MI): King Construction Inc. Owner Applicant
 Mailing Address of Owner/Applicant: PO Box 632
Saco, ME 04072
 Daytime Tel. #: 590-8737

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

CAUTION: INSPECTION REQUIRED

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

OWNER OR APPLICANT STATEMENT
 I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.
William Lymb 8-5-13
 Signature of Owner or Applicant Date

Local Plumbing Inspector Signature: _____ Date Approved (Rough-In): _____
 Local Plumbing Inspector Signature: _____ Date Approved (Final): _____

PERMIT INFORMATION

| | | |
|---|--|--|
| This Application Is For 1. <input checked="" type="checkbox"/> NEW PLUMBING INSTALLATION 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"/> MFG'D HOUSING DEALER/MECHANIC 3. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 4. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>02648</u> |
| | Signature: <u>William Lymb</u> | |

| 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 | 2 | Hosebibb / Sillcock | 2 | Bathtub (and Shower) |
| | | Floor Drain | | Shower (Separate) |
| <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures | | Urinal | 1 | Sink |
| | | Drinking Fountain | 3 | Wash Basin |
| | | Indirect Waste | 3 | Water Closet (Toilet) |
| | | Waste Treatment Softener, Filter, etc. | 1 | Clothes Washer |
| | | Grease / Oil Separator | 1 | Dish Washer |
| | | Dental Cuspidor | 1 | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| <input type="checkbox"/> OR TRANSFER FEE (\$10.00) | | Other: _____ | 1 | Water Heater |
| | 2 | Fixtures (Subtotal) Column 2 | 13 | Fixtures (Subtotal) Column 1 |
| | | | 2 | Fixtures (Subtotal) Column 2 |
| | | | 15 | Total Fixtures |
| | | | | Fixture Fee |
| | | | | Transfer Fee |
| | | | | Hook-Up & Relocation Fee |
| | | | | Permit Fee |
| | | | | (Total) |