

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: PORTLAND

Street Subdivision Lot #: 15 DAGGOTT ST

PROPERTY OWNERS NAME

TLC HOMES

Last: _____ First: _____

Applicant Name: ROBERT W MALES JR

Mailing Address of Owner/Applicant (If Different): 154 LEDGE RD YARMOUTH ME 04096

20048053

PERMIT # 8740 STATE CODE: 17181010 # Double Fee Charged

Date Permit Issued: 2/11/04

Jamie Bouke
Local Plumbing Inspector Signature

L.P.I. # 07324

409 E 030

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] 2/6/04
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

| | | |
|--|---|--|
| <p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p> | <p>Type of Structure To Be Served:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p> | <p>Plumbing To Be Installed By:</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>076651</u></p> |
|--|---|--|

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Number | Column 2 Type of Fixture | Number | Column 1 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 / Silcock | 1 | Bathtub (and Shower) |
| | | Floor Drain | 1 | Shower (Separate) |
| <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Urinal | 1 | Sink |
| | | Drinking Fountain | 2 | Wash Basin |
| OR <input type="checkbox"/> TRANSFER FEE (\$6.00) | | Indirect Waste | 2 | Water Closet (Toilet) |
| | | Water Treatment Softener, Filter, etc. | 1 | Clothes Washer |
| | | Grease / Oil Separator | 1 | Dish Washer |
| | | Dental Cuspidor | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| | | Other: _____ | 1 | Water Heater |
| | | Fixtures (Subtotal) Column 2 | 10 | Fixtures (Subtotal) Column 1 |
| | | | 2 | Fixtures (Subtotal) Column 2 |
| | | | 12 | Total Fixtures |
| | | | 72 | Fixture Fee |
| | | | - | Transfer Fee |
| | | | 6 | Hook-Up & Piping Fee |
| | | | 78 | Permit Fee |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

RECEIVED

FEB 10 2004

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