

PLUMBING APPLICATION

PROPERTY ADDRESS

| | |
|--------------------------|--|
| Town or Plantation | |
| Street Subdivision Lot # | |

PROPERTY OWNERS NAME

| | |
|--|--------|
| Last: | First: |
| Applicant Name: | |
| Mailing Address of Owner/Applicant (If Different): | |

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 of Owner/Applicant

Date

410-A-21

PORTLAND PERMIT # 10685 TOWN COPY

Date Permit Issued: 07/07/08 \$ 1176 If Double Fee Charged

L.P.I. # 10811

Local Plumbing Inspector Signature

2008-8183

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 9

PERMIT INFORMATION

| | | |
|--|---|--|
| This Application is for 1. <input 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 type="checkbox"/> OTHER - SPECIFY _____ | Plumbing To Be Installed By: 1. <input 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 # _____ |
|--|---|--|

| 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. | | Hosebib / 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 | | 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 | | Dish Washer |
| | | Roof Drain | | Garbage Disposal |
| | | Bidet | | Laundry Tub |
| | | Other: _____ | 1 | Water Heater |
| | | Fixtures (Subtotal) Column 2 | 13 | Fixtures (Subtotal) Column 1 |
| | | | 11 | Fixtures (Subtotal) Column 2 |
| | | | 16 | Total Fixtures |
| | | | 6 | Fixture Fee |
| | | | | Transfer Fee |
| | | | | Hook-Up & Relocation Fee |
| | | | | Permit Fee (Total) |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE