

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation: Portland

Street Subdivision Lot #: 73 DORCHESTER

PROPERTY OWNERS NAME

Last: NABATI First: (INTERFAITH)

Applicant Name: REGINA WILLIAMS

Mailing Address of Owner/Applicant (If Different): 1162 US ROUTE ONE FLD 2007 14604032

410-A-21

PORTLAND PERMIT # 10685 TOWN COPY

Date Permit Issued: 07/09/08 \$ 1176 FEE Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 11081

2008-8183

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: [Signature] Date: 07/09

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: [Signature] Date Approved: 09/03/08

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>107665</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"/> HOO-K-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOO-K-UP: to an existing subsurface wastewater disposal system. <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	1	Hosebib / Sillcock	2	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Other: _____		Laundry Tub
OR		Fixtures (Subtotal) Column 2	19	Water Heater
TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 1	1	
		Fixtures (Subtotal) Column 2	10	
		Total Fixtures	66	
		Fixture Fee		
		Transfer Fee		
		Hook-Up & Relocation Fee		
		Permit Fee (Total)	66	

SCANNED

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY 710



CITY OF PORTLAND, MAINE
Department of Building Inspections

July 7 20 08

Received from Robert Melnick

Location of Work 73 Demerest

Cost of Construction \$ _____

Permit Fee \$ _____

Building (IL) _____ Plumbing (IS) Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 410-A-021

Check #: 21051 Total Collected \$ 76-

THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy