

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation: Portland
 Street Subdivision Lot #: 20 LEOBWOOD DR.
PROPERTY OWNERS NAME

Last: HANSEN First: _____
 Applicant Name: SCOTT NASON
 Mailing Address of Owner/Applicant (if Different): PO BOX 3374 PORTLAND, ME 04104

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 Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 9/3/09

2009-8172

PORTLAND PERMIT # 11044 TOWN COPY

Date Permit Issued: 9/3/09 \$ 1160 Double Fee FEE Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 01744

415-A.13

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: 10/20/09

PERMIT INFORMATION

415-A.13

This Application is for:

1. NEW PLUMBING
 2. ALLOCATED PLUMBING

Type of Structure To Be Served:

1. SINGLE FAMILY DWELLING
 2. MODULAR OR MOBILE HOME *close 11/10/09 SMK*
 3. MULTIPLE FAMILY DWELLING
 4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

1. MASTER PLUMBER
 2. OIL BURNERMAN
 3. MFG'D. HOUSING DEALER/MECHANIC
 4. PUBLIC UTILITY EMPLOYEE
 5. PROPERTY OWNER
 LICENSE # 8168

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.		Hosebib / Sillcock	1	Bathub (and Shower)
OR		Floor Drain	1	Shower (Separate)
		Urinal	1	Sink
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain	4	Wash Basin
OR		Indirect Waste	2	Water Closet (Toilet)
	<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.	1
		Grease / Oil Separator	1	Dish Washer
		Roof Drain	1	Garbage Disposal
OR		Bidet	1	Laundry Tub
	<input type="checkbox"/> TRANSFER FEE (\$6.00)	Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	9	Fixtures (Subtotal) Column 1
		SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee



CITY OF PORTLAND, MAINE
Department of Building Inspections

Original Receipt

9.9 2009

Received from _____

Location of Work

20 Ledgewood Dr

Cost of Construction \$ _____

Building Fee: _____

Permit Fee \$ _____

Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 20

Building (I1) _____

Plumbing (I1) _____

Electrical (I2) _____

Site Plan (U2) _____

Other _____

CBL: 715-A-13

Check #: 7

Total Collected \$ 20

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

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