

# PLUMBING APPLICATION

430-A-002

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: Portland  
Street Subdivision Lot #: 13 Lennox

## PROPERTY OWNERS NAME

Last: Everette First: Steven

Applicant Name: Philip Tarison

Mailing Address of Owner/Applicant (If Different): 62 Orchard Rd. Cumberland, Me. 04021

## 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: 10-1-99

## 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: \_\_\_\_\_

PORTLAND Data Permit issued: 10 5 99

7035 TOWN COPY \$ 54 FEE  Double Fee Charged

L.P.I. # 0124

[Signature]  
Local Plumbing Inspector Signature

## PERMIT INFORMATION

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	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 _____	1. <input checked="" 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 # <u>08042</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number      Type of Fixture	Column 1 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.  <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.	<input type="checkbox"/> Hosebibb / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE (\$6.00)	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, etc.	<input type="checkbox"/> Clothes Washer
<b>OR</b> <input type="checkbox"/> TRANSFER FEE (\$6.00)	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Dental Cuspidor	<input type="checkbox"/> Garbage Disposal
<b>OR</b> <input type="checkbox"/> TRANSFER FEE (\$6.00)	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	<b>Fixtures (Subtotal) Column 2</b>	<b>Fixtures (Subtotal) Column 1</b>
	9	9
		<b>Total Fixtures</b>
		9
		<b>Fixture Fee</b>
		<b>Transfer Fee</b>
		<b>Hook-Up &amp; Relocation Fee</b>
		<b>Permit Fee (Total)</b>
		54.00

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE