

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

Town or Plantation: Portland, ME
Street Subdivision Lot #: 10 Olympia Street

Last: Noyes First: Michelle

Applicant Name:
Mailing Address of Owner/Applicant (if Different):

200 2 8870

PORTLAND Date Permit Issued: 11 14 2021 PERMIT # 9298 STATE COPY Double Fee Charged FEE \$ 3101.01 L.P.I. # 0732

Jeane Bonke
Local Plumbing Inspector Signature

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.

Michelle Noyes 11/15/21
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.

11/15/21
Local Plumbing Inspector Signature

Date Approved

<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 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 checked="" type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # _____</p>
--	---	--

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture	
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p>		Hosebibb / Sillcock	1	Bathtub (and Shower)	
		Floor Drain		Shower (Separate)	
<p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">OR</p> <p>TRANSFER FEE [\$6.00]</p>		Urinal	1	Sink	
		Drinking Fountain		Wash Basin	
		Indirect Waste	1	Water Closet (Toilet)	
		Water Treatment Softener, Filter, etc.	1	Clothes Washer	
		Grease / Oil Separator		Dish Washer	
		Dental Cuspidor		Garbage Disposal	
		Bidet		Laundry Tub	
		Other: _____		Water Heater	
		Fixtures (Subtotal) Column 2	4	Fixtures (Subtotal) Column 1	
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				0	Total Fixtures
					Fixture Fee
					Transfer Fee
					Hook-Up & Relocation Fee
					Permit Fee (Total)

STATE COPY

30

13

110

30