

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation: PORTLAND MAINE
Street Subdivision Lot #: _____

PROPERTY OWNERS NAME

Last: MARTINS POINT HEALTH CARE First: _____

Applicant Name: TITAN MECHANICAL

Mailing Address of Owner/Applicant (If Different): PO BOX 3927 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 Inspectors to deny a Permit.

Car Smith
Signature of Owner/Applicant

Signature of Owner/Applicant

Date

PORTLAND

Date Permit Issued: 4/19/11

PERMIT # 11609 TOWN COPY

\$ 1160 If Double Fee Charged

Joanne Bank
Local Plumbing Inspector Signature

L.P.I. # 0732

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

PERMIT INFORMATION

This Application is for 1. <input checked="" 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 checked="" type="checkbox"/> OTHER - SPECIFY <u>OFFICES</u>	Plumbing To Be Installed By: 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>02300</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>3</u>	Sink
		Drinking Fountain		Wash Basin
OR TRANSFER FEE [\$6.00]	<u>1</u>	Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain	<u>2</u>	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

RECEIVED
 APR 19 2011
 Dept. City of Portland

Fixtures (Subtotal) Column 1	
Fixtures (Subtotal) Column 2	
Total Fixtures	
Fixture Fee	
Transfer Fee	
Hook-Up & Relocation Fee	
Permit Fee (Total)	

434-C-1