

# PLUMBING APPLICATION

434 C 001

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation: Portland

Street Subdivision Lot #: 331 Vermont St.

## PROPERTY OWNERS NAME

Last: Penobscot Bay Medical First: \_\_\_\_\_

Applicant Name: Johnson + Johnson

Mailing Address of Owner/Applicant (If Different): 18 Mussey Rd Scarborough

## 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: 3/29/01

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

PORTLAND Date Permit Issued: 3/29/01 \$ 7218 42 TOWN COPY  if Double Fee Charged

[Signature] Local Plumbing Inspector Signature L.P.I. # 011217

## PERMIT INFORMATION

<p><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type of Structure To Be Served:</b></p> <p>1. <input 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 checked="" type="checkbox"/> OTHER - SPECIFY <u>Doctors Office</u></p>	<p><b>Plumbing To Be Installed By:</b></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>02469</u></p>
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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
<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.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>7</u>	Sink
		Drinking Fountain		Wash Basin
<b>OR</b> <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	<u>7</u>	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			<u>7</u>	<b>Total Fixtures</b>
			<u>42</u>	Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			<u>42</u>	<b>Permit Fee (Total)</b>