

**PLUMBING APPLICATION**

Department of Human Sciences  
Division of Health Engineering

04-8340

**PROPERTY ADDRESS**

Town or Plantation	Portland
Street	40 Yale St
Subdivision Lot #	

**PROPERTY OWNERS NAME**

Last: <u>Ballard</u>	First: <u>Cur</u>
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	

PORTLAND Date Permit Issued: 8/12/04 9045 TOWN COPY \$ 1840.00  If Double Fee Charged

Thomas M. Mully Local Plumbing Inspector Signature L.P.I. # 0748

436 A 014

**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.

<u>James M. Jackson</u>	<u>8-12-04</u>
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.

<u>[Signature]</u>	<u>[Signature]</u>
Local Plumbing Inspector Signature	Date Approved

**PERMIT INFORMATION**

<b>This Application is for</b>	<b>Type of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input checked="" type="checkbox"/> NEW PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
	4. <input type="checkbox"/> OTHER - SPECIFY _____	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>2731</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<p><b>HOOK-UP:</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p><b>OR</b></p> <p><b>HOOK-UP:</b> to an existing subsurface wastewater disposal system.</p> <p><b>OR</b></p> <p><b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.</p> <p><b>OR</b></p> <p><b>TRANSFER FEE</b> [\$6.00]</p>	2	Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
		Urinal	3	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	1	Water Heater
			<b>Fixtures (Subtotal) Column 1</b>	
			<b>Fixtures (Subtotal) Column 2</b>	
			<b>Total Fixtures</b>	
			<b>Fixture Fee</b>	
			<b>Transfer Fee</b>	
			<b>Hook-Up &amp; Relocation Fee</b>	
			<b>Permit Fee (Total)</b>	

**SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE**

U# 628

10/04