

# PLUMBING APPLICATION

2000 819

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	1334 Washington Ave

Last: 1334 Washington Ave Assoc.  
First:

Applicant Name: John Scott

Mailing Address of Owner/Applicant (If Different): 291 Deering Ave #730

437 A001

PORTLAND Date Permit Issued: 3/25/02

PERMIT # 8026 STATE COPY \$36.00 FEE Charged  If Double Fee Charged

241 Local Plumbing Inspector Signature: [Signature] L.P.I. # 0640

### 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] 3/25/02  
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.

Local Plumbing Inspector Signature

Date Approved

## PERMIT INFORMATION

<p><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input 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>Commercial Dentist 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>L 76,524</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	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: 1.5em;"><b>OR</b></p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p>		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		Urinal	03	Sink
		Drinking Fountain		Wash Basin
<p style="text-align: center; font-size: 1.5em;"><b>OR</b></p> <p>TRANSFER FEE [\$6.00]</p>		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
	02	Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	03	Fixtures (Subtotal) Column 1
			02	Fixtures (Subtotal) Column 2
			05	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			36	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

36  
14  
46