

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

## PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	Lot 9 Vale St

## PROPERTY OWNERS NAME

Last: <u>Bullard</u>	First: <u>Cris</u>
Applicant Name:	<u>Tim Jackson</u>
Mailing Address of Owner/Applicant (If Different)	<u>30 Bolton St Port</u>

2005-8001

PORTLAND	PERMIT # 9220	TOWN COPY
Date Permit Issued: <u>1-3-05</u>	\$ <u>1190</u>	Double Fee Charged
<u>Thomas M. Hubley</u> Local Plumbing Inspector Signature	L.P.I. # <u>0744</u>	

438 A 8

## 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.

Sam Jackson 1-3-05  
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

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	<b>Plumbing To Be Installed By:</b> 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>L27311</u>
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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
<b>OR</b> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  HOOK-UP: to an existing subsurface wastewater disposal system.	1	Hosebibb / Sillcock	2	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
<b>OR</b> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	4	Sink
		Drinking Fountain	1	Wash Basin
<b>OR</b> TRANSFER FEE [\$6.00]		Water Treatment Softener, Filter, etc.	3	Water Closet (Toilet)
		Grease / Oil Separator	1	Clothes Washer
		Dental Cuspidor	1	Dish Washer
		Bidet	1	Garbage Disposal
		Other: _____	1	Laundry Tub
		Fixtures (Subtotal) Column 2	13	Water Heater
			14	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
			14	<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			90	<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

90  
14 + 150  
678  
ck#

