

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation	PORTLAND
Street Subdivision Lot #	56 COMMERCIAL STREET

PROPERTY OWNERS NAME

CASCO BAY LINES (C.B.L.)

Last: First:

Applicant Name: ANDY M^{SR} TARTLAND ON BEHALF OF C.B.L.

Mailing Address of Owner/Applicant (If Different): 41 HUTCHINS DR. PORTLAND, ME

PORTLAND PERMIT # 10737 TOWN COPY

Date Permit Issued: 8/25/08 \$ 154 If Double Fee FEE Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 10109

944 A 001001

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] ON BEHALF OF C.B.L. 6-3-08
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.

DUP 10/1

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" 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>TRANSPORTATION</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>T.B.D.</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
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input checked="" type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	0 1 1	Sink (FLOOR SINK)
	0 1 1	Drinking Fountain		Wash Basin
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]	0 1 1	Indirect Waste	0 1 5	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
	0 1 2	Fixtures (Subtotal) Column 2	0 1 2	Fixtures (Subtotal) Column 1
			0 1 6	Fixtures (Subtotal) Column 2
			0 8	Total Fixtures
			5 4	Fixture Fee
			1 0	Transfer Fee
				Hook-Up & Relocation Fee
			6 4	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

54
54
10
64

9/16/08 need a self priming trap.

Sent email -

The Application is for:

NEW PLUMBING

RELOCATED PLUMBING

SINGLE FAMILY DWELLING

MULTIPLE FAMILY DWELLING

OTHER - SPECIFY: SELF-PRIMING TRAP

MOBILE HOME

OIL BURNERMAN

MECH/HOUSING DEALER/MECHANIC

PUBLIC UTILITY EMPLOYEE

PROPERTY OWNER

LICENSE # 1212

Column 1 Type of Fixture	Column 2 Type of Fixture	Column 3 Type of Fixture	Number	Transfer Fee	Hook-Up & Final Inspection Amount of Hook-Up
Shower (and Shower)	Hosebib / Sillcock				HOOK-UP to public sewer in those cases where the connection is not required and inspected by the local Sanitary District.
Shower (Separate)	Floor Drain				
Sink (over)	Sink		01		OR
Wash Basin	Drinking Fountain				
Water Closet (Toilet)	Indirect Waste		02		HOOK-UP to an existing subsurface wastewater disposal system.
Collets Washer	Water Treatment Softener Filter, etc.				
Dish Washer	Grease / Oil Separator				PRIME RELOCATION of sanitary lines shall be done without new fixtures.
Garbage Disposal	Roof Drain				
Laundry Tub	Bed				OR
Water Heater	Other				
Fixture Reconnect	Fixtures (Subtotal)	Column 2	010		TRANSFER FEE (200)
Transfer Fee			02		
Transfer Fee			03		
Transfer Fee			04		
Transfer Fee			05		

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

From: Suzanne Hunt
To: amcpartland@woodardcurran.com
Date: 9/10/2008 1:51:32 PM
Subject: 46 commercial St.

State Plumbing code: 412.2 floor drain required in toilet room with 2 or more water closets.

We are requiring that a self priming floor drain be installed in the men's room portion of this bathroom renovation. This floor area is open and it is reasonable to install a floor drain as required per St. Code. This project is a Renovation of a bathroom per permit # 080716. The floor drain is required to be self priming. thanks, Suzanne

Suzanne Hunt Code Enforcement, 874-8707

CC: Bourke, Jeanie