

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: Portland
 Street: 2 BROWN STREET
 Subdivision Lot #: PROPERTY OWNERS NAME
 Last: GENEKO BLVS First: _____

PROPERTY OWNERS NAME

Applicant Name: ROBERT DOMESTICA
 Mailing Address of Owner/Applicant (if Different): 1162 US ROUTE 1024 FARMINGTON ME 04932

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: _____

Date: 4/27/10

Local Plumbing Inspector Signature: _____

Date Approved: _____

38-B-2

PORTLAND PERMIT # 11265 TOWN COPY
 Date Permit Issued: _____ \$ _____
 Local Plumbing Inspector Signature: _____ L.P.I. # 3601
 2010-8106

if Double Fee
 FEE Charged

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

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 _____ | Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFGD. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>07665</u> |
|--|---|--|

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Number | Column 2 Type of Fixture | Number | Column 1 Type of Fixture |
|---|--------|---|--------|-----------------------------|
| HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system. | 1 | Hosebib / Silcock | 1 | Bathub (and Shower) |
| | 1 | Floor Drain | 1 | Shower (Separate) |
| | 1 | Urinal | 1 | Sink |
| | 1 | Drinking Fountain | 2 | Wash Basin |
| PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | 1 | Indirect Waste | 2 | Water Closet (Toilet) |
| | 1 | Water Treatment, Softener, Filter, etc. | 1 | Clothes Washer |
| | 1 | Grease / Oil Separator | 1 | Dish Washer |
| OR TRANSFER FEE (\$6.00) | 1 | Roof Drain | 1 | Garbage Disposal |
| | 1 | Other: _____ | 1 | Laundry Tub |
| | | Fixtures (Subtotal) Column 1 | 10 | Water Heater |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

RECEIVED
 MAY - 3 2010
 Dept. of Health and Human Services
 Division of Building Inspections
 Portland, Maine

| | | |
|------------------------------|-------|-------|
| Fixtures (Subtotal) Column 1 | 10 | |
| Fixtures (Subtotal) Column 2 | 10 | |
| Total Fixtures | | 20 |
| Fixture Fee | 60.00 | |
| Transfer Fee | 6.00 | |
| Hook-Up & Relocation Fee | 6.00 | |
| Permit Fee (Total) | | 72.00 |