

# PLUMBING APPLICATION

057-E-015

Department of Human Services  
Division of Health Engineering

## PROPERTY ADDRESS

Town Or Plantation: Portland  
 Street: 80 Esplanade St (057-E-015)  
 Subdivision Lot #: PROPERTY OWNERS NAME

Last: McArdle First: Robert

Applicant Name: Timothy S. Darling Plumb & Heat

Mailing Address of Owner/Applicant (if Different): 40 Read St Pld 04103

### 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 Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 2/12/18

**PORTLAND**

Date Permit Issued: 2/12/18 5378 TOWN COPY

\$ 12.00 FEE  Double Fee Charged

Local Plumbing Inspector Signature: [Signature]

### 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 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 checked="" 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 type="checkbox"/> OTHER — SPECIFY _____</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><b>License #</b> <u>0711110</u></p>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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: 2em;"><b>OR</b></p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>		Hosebibb / Silcock		Bathub (and Shower)
		Floor Drain	6	Shower (Separate)
		Urinal		Sink
		Drinking Fountain	6	Wash Basin
		Indirect Waste	6	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
<b>OR</b>		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
TRANSFER FEE [\$6.00]				Fixtures (Subtotal) Column 2
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
<b>Total Fixtures</b>				
Fixtures Fee				
Transfer Fee				
Hook-Up & Relocation Fee				
<b>Permit Fee (Total)</b>				

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