

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: Acacia
 Street: 16 Keegan Lane
 Subdivision Lot #: _____
PROPERTY OWNERS NAME
 Last: PLANNING First: MICHELLE
 Applicant Name: BRADEN CLEGGAN
 Mailing Address of Owner/Applicant (if Different): 31 NEWBY TERRACE, SOUTH PORTLAND, ME 04106

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: 2/26/04

Local Plumbing Inspector Signature: _____

Date Approved: _____

PORTLAND
 Date Permit Issued: 6 12 04 8930
 TOWN COPY \$ 348.00 Double Fee Charged
 Local Plumbing Inspector Signature: _____ L.P.I. # _____

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. NEW PLUMBING
- 2. RELOCATED PLUMBING

Type of Structure To Be Served:

- 1. SINGLE FAMILY DWELLING
- 2. MODULAR OR MOBILE HOME
- 3. MULTIPLE FAMILY DWELLING
- 4. OTHER - SPECIFY _____

Plumbing To Be Installed By:

- 1. MASTER PLUMBER
- 2. OIL BURNERMAN
- 3. MFG.D. HOUSING DEALER/MECHANIC
- 4. PUBLIC UTILITY EMPLOYEE
- 5. PROPERTY OWNER

LICENSE # 1362

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | | Number | Column 2 Type of Fixture | Number | Column 1 Type of Fixture |
|---|--|--------|--|--------|------------------------------|
| OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | | Hosebibb / Silcock | | Bathtub (and Shower) |
| | | | Floor Drain | | Shower (Separate) |
| | | | Urinal | | Sink |
| | | | Drinking Fountain | | Wash Basin |
| | | | Indirect Waste | | 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 |
| OR TRANSFER FEE (\$6.00) | | | Fixtures (Subtotal) Column 2 | | Fixtures (Subtotal) Column 1 |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

| | |
|--------------------------|------------|
| Fixture Fee | |
| Transfer Fee | |
| Hook-Up & Relocation Fee | |
| Permit Fee (Total) | <u>348</u> |

24/10