

PLUMBING APPLICATION

347-C-038

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: Portland Me
 Street: 1502 Washington Ave
 Subdivision Lot #: _____
PROPERTY OWNERS NAME

Last: DeRise First: Ordy
 Applicant Name: C W Belden + Son
 Mailing Address of Owner/Applicant (if Different): 100 WINDWARD FALL MOORE ME

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: [Signature] Date: 2-23-99

FORBAND Permit Issued: 9-24-99 7022 TOWN COPY # Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 01,2,3,4

7022 \$ 88 FEE

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>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure To Be Served:</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>Plumbing To Be Installed By:</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>LICENSE # <u>12,337</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>OR</p> <p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>OR</p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>	4	Hosebibb / Sillcock	2	Bathub (and Shower)
	2	Floor Drain	2	Shower (Separate)
	2	Urinal	2	Sink
	4	Drinking Fountain	4	Wash Basin
	2	Indirect Waste	2	Water Closet (Toilet)
	2	Water Treatment Softener, Filter, etc.	2	Clothes Washer
	2	Grease / Oil Separator	2	Dish Washer
	2	Dental Cuspidor	2	Garbage Disposal
	1	Bidet	1	Laundry Tub
	1	Other: _____	1	Water Heater
Fixtures (Subtotal) Column 2		18	Fixtures (Subtotal) Column 1	
OR		TRANSFER FEE [56.00]		

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Fixtures (Subtotal) Column 2	22
Total Fixtures	41
Fixtures (Subtotal) Column 1	18
Fixtures Fee	22
Transfer Fee	22
Hook-Up & Relocation Fee	58.00
Permit Fee (Total)	88.00