

PLUMBING APPLICATION

423-A-005-023
 Department of Human Services
 Division of Health Engineering
 (207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: Portland
 Street: 103 Wellsboro
 Subdivision Lot #: _____
PROPERTY OWNERS NAME
 Last: ROBINSON First: RANDY
 Applicant Name: _____
 Mailing Address of Owner/Applicant (if Different):
Scribner & Trueman
P. O. Box 8779
Portland, Maine 04104

PORTLAND
 Date Permit Issued: _____
 License # ALB4

5561 TOWN COPY

\$ _____
 Double Fee
 FEE Charged

L.P.I. # ALB4
 Local Plumbing Inspector Signature

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: 10-24-96

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: [Signature] Date Approved: 8-1-96

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. MFGD. HOUSING DEALER/MECHANIC
- 4. PUBLIC UTILITY EMPLOYEE
- 5. PROPERTY OWNER

LICENSE # _____

Hook-Up & Piping Relocation
 Maximum of 1 Hook-Up

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.

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type Of Fixture
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		Hosebibb / Sillcock		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: _____	01	Water Heater
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
			Total Fixtures	
\$			Fixture Fee	
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	

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