

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town or Plantation: PORTLAND
Street: 52 CENTER ST
Subdivision Lot #: _____

PROPERTY OWNERS NAME

Last: _____ First: _____
Applicant Name: RALPH F. BLAKE
Mailing Address of Owner/Applicant (if different): 577 Auburn St

PORTLAND PERMIT # 1,467 TOWN COPY

12/3/86 \$ _____ FEE (if charged)
L.P.I. # _____

Ralph F. Blake
Local Plumbing Inspector Signature

Owner/Applicant Statement
I certify that the information submitted is correct to the best of my knowledge and understanding and that I am the owner of the property. The Local Plumbing Inspector issued a Permit.

Ralph F. Blake
Signature of Owner/Applicant Date: _____

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

[Signature]
Local Plumbing Inspector Signature Date Approved: **JAN 7 - 1986**

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	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: <u>OFFICE CONDOS</u>	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>12,189,01</u>

Number	Hook-Ups And Piping Relocation	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.		Hose bibb / Silcock		Bathub (and Shower)
			Floor Drain	1	Shower (Separate)
			Urinal		Sink
	HOOK-UP: to an existing subsurface wastewater disposal system		Drinking Fountain	3	Wash Basin
			Indirect Waste	3	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	7	Fixtures (Subtotal) Column 1
				0	Fixtures (Subtotal) Column 2
				7	Total Fixtures
				\$ 21.	Permit Fee (Total)
				\$ 0.	
				\$ 21.	