

**PLUMBING APPLICATION**

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

**PROPERTY ADDRESS**  
Town Or Plantation: Portland  
Street Subdivision Lot #: 44 Avon St  
**PROPERTY OWNERS NAME**  
Last: FOLLO First: T 772-1220  
Applicant Name: CURTIS DWEN  
Mailing Address of Owner/Applicant (if Different):

PORTLAND  PERMIT # 2,658 TOWN COPY  
Date Permit Issued: 12/10/87 \$ 6 FEE  Double Fee Charged  
Local Plumbing Inspector Signature: [Signature] L.P.I. # \_\_\_\_\_

**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: \_\_\_\_\_

**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: DEC 13 1987

**PERMIT INFORMATION**

<b>This Application is for</b> 1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type Of Structure To Be Served:</b> 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY: _____	<b>Plumbing To Be Installed By:</b> 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>25693</u>
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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><b>HOOK-UP:</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p><b>OR</b></p> <p><b>HOOK-UP:</b> to an existing subsurface wastewater disposal system.</p> <p><b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.</p>		Hosebibb / Silcock	
		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
Number of Hook-Ups & Relocations				
\$ Hook-Up & Relocation Fee		<b>Fixtures (Subtotal) Column 2</b>		<b>Fixtures (Subtotal) Column 1</b>
				<b>Fixtures (Subtotal) Column 2</b>
				<b>Total Fixtures</b>
				<b>Fixture Fee</b>
				<b>Hook-Up &amp; Relocation Fee</b>
				<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY