

PLUMBING APPLICATION

Department of Human Resources
Division of Health Engineering
(207) 289-3823

Town or Plantation: **Portland, Maine**
 Street: **194 High Street**
 Subdivision: _____
 PROPERTY OWNERS NAME:
 Last: **Anderson** First: **Stephane**
 Applicant Name: **Scribner & Iverson**
 Mailing Address of Owner/Applicant (if different): **54 Warren Ave., P. O. Box Portland, Me. 04104**

PORTLAND 5370 TOWN COPY
 Date Permit Applied: **4.17.95** \$ _____ 45 _____
 Local Plumbing Inspector Signature: _____
 License # **0134**

Owner/Applicant Statement
 I certify that the information submitted is correct to the best of my knowledge and understand that any false information is reason for the Local Plumbing Inspector to deny a Permit.
 Signature of Owner/Applicant: _____ Date: **4.17.95**

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: **Maureen Wray** Date Approved: **8-1-95**

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 type="checkbox"/> OTHER - SPECIFY: _____	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> O.L. BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # 035112

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	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. OR HOOK-UP: to an existing subsurface wastewater disposal system		Fosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping with out new fixtures.		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		Garage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other _____		Water Heater
\$ Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Hook-Up / Relocation Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE