

PLUMBING APPLICATION

Department of Home Services
 Division of Health Engineering
 (207) 255-3300

Town of
 Portland
 Street
 Sub/Mob/Lot # 1041 RIVINGTON AVE
 ROBERTS SWANK'S
 AIBERRY GROUP
 Case: Post:
 Applicant Name: THOMAS J KELEY
 Mailing Address of Owner/Applicant: P.O. # 1248 SEABOARD RD
 Owner/Applicant Statement

Caution: Permit Required

POSTLAND PERMIT \$ 2,577 TOWN COPY
 \$ 500 FEE Charge
 Local Plumbing Inspector Signature: [Signature]
 L.P.I. \$

I certify that the information submitted is correct to the best of my knowledge and understanding and that any false statement is a violation of the law to deny a permit.
 Signature of Owner/Applicant: [Signature]
 Title: [Blank]

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: JUL 18 1988

This Application is for:	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING	1. <input checked="" type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> LOCATE PLUMBING	2. <input type="checkbox"/> MODULAR (MOBILE HOME)	2. <input type="checkbox"/> OIL BURNERMAN
3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> OTHER - CITY	3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
4. <input type="checkbox"/> OTHER - CITY	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE	4. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # 115

Hook-Up & Piping Relocation Maximum of 1 Hook Up	Number	Column 2	Number	Column 1
		Type of Fixture		Type of Fixture
HOOK-UP to public main in those cases where the connection is not regulated and inspected by the local Sanitary District		Hosebib/Silcock		Bath (Shower)
		Floor Drain		Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain		Wash Basin
HOOK-UP to an existing subsurface wastewater disposal system		Indirect Waste		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 Connector		Garbage Disposal
Number of Hook-Ups & Relocations		Sink		Laundry Tub
		Other		Water Heats
Hook-Up & Relocation		Fixtures (Subtotal) (Column 2)		Fixtures (Subtotal) (Column 1)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

PLUMBING APPLICATION

City of
Portland
Supervisor
11. CLAYTON AVE

Supervisor Human Services
Division of Health Engineering
(503) 823-2122

FORTLAND PERMIT # 297 TOWN COPY

Permit No. 17134 | 36

Last Name: STAMBUROS First: DINO

Applicant Name: Robert Stamburos

Address: 11 Clayton Ave

Owner/Applicant Statement
I certify that the above information is correct to the best of my knowledge and understanding and that I am the owner for the local plumbing inspection agency.

Signature of Owner/Applicant: [Signature] Date: 7/13

Lead Plumbing Inspector Signature: _____

Caution: Inspection Required
I have inspected the installation and found it to be in compliance with the local plumbing rules.

Lead Plumbing Inspector Signature: _____

This Application is for	Type Of Structure To Be Served	Plumbing To Be Installed By
<input type="checkbox"/> NEW PLUMBING <input checked="" type="checkbox"/> RELOCATE PLUMBING	<input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input checked="" type="checkbox"/> OTHER SPECIFY: <u>10</u>	<input checked="" type="checkbox"/> MASTER PLUMBER <input type="checkbox"/> OILBURNERMAN <input type="checkbox"/> MFG'D WORK OFFERED BY PAID <input type="checkbox"/> PL. BUCUT BY EMPLOYEE <input type="checkbox"/> PROPERTY OWNER OWNER: <u>[Signature]</u>

Hook-Up & Piping Reconnection Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> HOOK-UP to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR <input type="checkbox"/> HOOK-UP to an existing sewer/water disposal system.		Private Sillcock		Raincoat (and Check)
		Floor Drain		Shower Stove
<input type="checkbox"/> PIPING RELOCATION of existing lines, vents, and piping without re-venting.		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet Toilet
		Vents: Traps and Sills, etc., Filter, etc.		Clothes Washer
		Grease/Oil Separator		Washbasin
		Dental Cupboard		Jobber Sink
		Urinal		Laundry Tub
		Other: _____		Any Other
Number of Hook-Ups & Reconnections		Fixtures (Subtotal)		Fixtures (Subtotal)
Hook-Up & R. Locat. Fee		Column 2		Column 1

SEE FEE SCHEDULE
CALCULATING FEE