

COBB - STREET

- SEE -

PRESNELL - STREET

**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(2) 289-3625

**PROPERTY ADDRESS**

Town Or Plantation: Portland

Street: Cobb Ave

Subdivision Lot #: \_\_\_\_\_

**PROPERTY OWNERS NAME**

Last: Shoery First: Sue

Applicant Name: S. Chamberlain

Mailing Address of Owner/Applicant (if different): 142 Highland A.

PORTLAND PERMIT # 743 TOWN COPY

1115184

Amelia Shoery

FEE \_\_\_\_\_

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.

Sue Chamberlain 10-21

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.

Local Plumbing Inspector Signature

JAN 10 1985  
Date Approved

**PERMIT INFORMATION**

This Application is for <input type="checkbox"/> NEW PLUMBING <input type="checkbox"/> RELOCATED PLUMBING NOV 6 1984	<b>Type Of Structure To Be Served:</b> <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER - SPECIFY: _____	<b>Plumbing To Be Installed By:</b> <input checked="" type="checkbox"/> MASTER PLUMBER <input type="checkbox"/> OIL BURNERMAN <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>12417</u>
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Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
NOV 6 1984	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		
	Hosebibb / Silcock		Bathub (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 Cupboard		Garbage Disposal
	Bidet		Laundry Tub
	Other: _____		Water Heater
	Hook-Ups (Subtotal)		Fixtures (Subtotal) Column 1
	Hook-Up Fee		Fixtures (Subtotal) Column 2
	Fixtures (Subtotal) Column 2		Total Fixtures
			Permit Fee
			Other
			<u>24</u>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE.

**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 289-3623

**PROPERTY ADDRESS**

Town Or Plantation: WILMOUTH, ME.

Street Subdivision/Lot #: 1633 HWY.

**PROPERTY OWNERS NAME**

Last: COLEMAN First:

Applicant Name: LARRY E. COLEMAN

Mailing Address of Owner/Applicant (if Different): 385 WILMOUTH ST. WILMOUTH, ME.

PORTLAND PERMIT # 686 TOWN COPY

Date Issued: 11/9/84

FEE: \$ \_\_\_\_\_

Double Fee:

Signature: [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: [Signature] Date: \_\_\_\_\_

**Caution: Inspection Required**

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

Signature: \_\_\_\_\_ Date: JAN 10 1985

**PERMIT INFORMATION**

**This Application is for:**

1.  NEW PLUMBING

2.  RELOCATED PLUMBING

OCT 10 1984

DEC 26 1984

**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.  MFG'D. HOUSING DEALER/MECHANIC

4.  PUBLIC UTILITY EMPLOYEE

5.  PROPERTY OWNER

LICENSE # 2,2,3,4,6

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type Of Fixture	Number	Column 1 Type Of Fixture
1	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.	2	Hosebibb / Sillcock	1	Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal	1	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain	1	Wash Basin
			Indirect Waste	1	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.	1	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
1	Hook-Ups (Subtotal)		Other: _____	1	Water Heater
\$ 6.	Hook-Up Fee	2	Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1
				2	Fixtures (Subtotal) Column 2
				8	Total Fixtures
				\$ 24.	Fixture Fee
				\$ 1.	Hook-Up Fee
				\$ 31.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

# PLUMBING APPLICATION

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

**PROPERTY ADDRESS**

Town Or Plantation \_\_\_\_\_  
Street \_\_\_\_\_  
Subdivision Lot # \_\_\_\_\_

**PROPERTY OWNERS NAME**

Last \_\_\_\_\_ First \_\_\_\_\_

Applicant Name \_\_\_\_\_

Mailing Address of Owner Applicant (if Different) \_\_\_\_\_

PORTLAND  
Date Permit Issued: 6/19/86  
PERMIT # 1,791  
TOWN COPY  
FEE \$ \_\_\_\_\_  
L.P.I. # \_\_\_\_\_  
Local Plumbing Inspector Signature: [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 \_\_\_\_\_ 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 Approved: JUL 25 1986

**PERMIT INFORMATION**

<b>This Application is for</b> 1 <input type="checkbox"/> NEW PLUMBING 2 <input checked="" type="checkbox"/> RELOCATED PLUMBING JUL 1986	<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 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 # _____
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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		Hosebibb Silcock		Bathub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal		Sink
	HOOK UP to an existing subsurface wastewater disposal system		Drinking Fountain		Wash Basin
			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 Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other _____		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
					Total Fixtures
				\$	Fixture Fee
				\$	Hook-Up Fee
				\$	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE