

**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 289-3838

**PROPERTY ADDRESS**

Town Or  
Plantation: Portland

Street:  
Subdiv or Lot #: 48 Dale Court

**PROPERTY OWNERS NAME**

PSR Associates  
Last: \_\_\_\_\_ First: \_\_\_\_\_

Applicant Name: Scotlyn & Ivan

Mailing Address of  
Owner/Applicant  
(if different): P.O. Box 8779

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PORTLAND 4357 TOWN COPY

Date: 11/16/97 FEE: \_\_\_\_\_

Inspector: [Signature] License # 01724

Plumbing Inspector

**Owner Applicant Statement**

I certify that the information furnished is correct to the best of my knowledge and understanding and that any false information 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 State Plumbing Rules.

Inspector: [Signature] Date Approved: \_\_\_\_\_

**PERMIT INFORMATION**

This Application is for:

1.  NEW PLUMBING

2.  RELOCATED PLUMBING

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 BURNER, etc.

3.  MFG'D. HOUSING DEALER/MECHANIC

4.  PUBLIC UTILITY EMPLOYEE

5.  PROPERTY OWNER

LICENSE # 1051527

| Hook-Up & Piping Relocation<br>Maximum of 1 Hook-Up   | Number | Column 2                                | Number | Column 1                     |
|---|--------|---|--------|------------------------------|
|   |        | Type of Fixture                         |        | Type of Fixture              |
| HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. |        | Hcsobibb / Sillcock                     |        | Bath tub (and 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 Cuspidor                         |        | Garbage Disposal             |
| Number of Hook-Ups & Relocations  |        | Bidet                                   |        | Laundry Tub                  |
|   |        | Other: _____                            |        | Water Heater                 |
| \$ Hook-Up & Relocation Fee   |        | Fixtures (Subtotal) Column 2            | 1      | Fixtures (Subtotal) Column 1 |
|   |        |   |        | Fixtures (Subtotal) Column 2 |
|   |        |   |        | Total Fixtures               |
|   |        |   |        | Permit Fee                   |
|   |        |   |        | Hook-Up & Relocation         |
|   |        |   |        |                              |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

OWN COPY

