

**PLUMBING APPLICATION**

Department of Health Services  
Division of Health Engineering  
(207) 289-3825

PROPERTY ADDRESS

Town Or Plantation: Portland

Street Subdivision Lot #: 233 Cabot St

PROPERTY OWNERS NAME


Last: Portland Housing Authority First:

Applicant Name:

Mailing Address of Owner/Applicant (if different): 211 Cumberland Ave

PORTLAND PERMIT # 2,021 APPLICANTS COPY

Date Permit Issued: 1/10/16/86 FEE  Double Fee Charged

Local Plumbing Inspector Signature:  L.P.I. # \_\_\_\_\_

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER SIX MONTHS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that my application is reason for the Local Plumbing Inspector to issue a Permit.

Signature of Owner/Applicant: Robert P. Wath Date: 1/10/86

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: aa Date Approved: FEB 17 1987

**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 checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING <u>2 f units</u> 4. <input type="checkbox"/> OTHER - SPECIFY: _____		

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 / Sillcock		Bathtub (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 line, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____		Water Heater
<u>56.00</u>	Hook-Up Fee		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
					Total Fixtures
					Fixtures Fee
					Hook-Up Fee
				<u>56.00</u>	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEES

**PLUMBING APPLICATION**

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

PROPERTY ADDRESS

Town Or Plantation: Portland

Street Subdivision Lot #: #33 Cabot St

PROPERTY OWNERS NAME

Last: Portland Housing Authority First:

Applicant Name:

Mailing Address of Owner/Applicant (If Different): 211 Cumberland Ave

PORTLAND

PERMIT # 2,021 TOWN COPY

Local Plumbing Inspector Signature: [Signature]

L.P.I. #

FEE \$

Double Fee Charged

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.

Richard P. Wadhvani, PE, ME, COI, ME, PLS-96

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: NOV 4 - 1986

**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 2 Family

4.  OTH: 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 # 16311

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 with new fixtures		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
/	Hook-Ups (Subtotal)		Other: _____		Water Heater
\$ 6.00	Hook-Up Fee		Fixtures (Subtotal) Column 2	/	Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
					Total Fixtures
				\$	Fixture Fee
				\$	Hook-Up Fee
				\$ 6.00	Permit Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

STATE COPY