

# PLUMBING APPLICATION

Portland, Oregon  
 Division of Health Engineering  
 (503) 241-2222

PROPERTY ADDRESS

City: Portland

Street: 39-41 Purches St

PROPERTY OWNERS NAME

Last: Portland Housing Authority First:

Applicant Name

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

PORTLAND PERMIT # 2,004 APPLICANTS

Date Permit Issued: Jan 16, 1984

Local Plumbing Inspector Signature: [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.

### Caution: Inspection Required

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

FEB 17 1984

### 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 Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 1/16/84

Local Plumbing Inspector Signature: [Signature] Date Approved: 1/16/84

## PERMIT INFORMATION

This Application is for:	1. <input type="checkbox"/> NEW PLUMBING	Type of Structure To Be Served:	1. <input type="checkbox"/> SINGLE FAMILY DWELLING	Plumbing To Be Installed By:	1. <input checked="" type="checkbox"/> MASTER PLUMBER
	2. <input checked="" type="checkbox"/> RELOCATED PLUMBING		2. <input type="checkbox"/> MODULAR OR MOBILE HOME		2. <input type="checkbox"/> OIL BURNERMAN
			3. <input checked="" type="checkbox"/> MULTIFAMILY DWELLING <u>2 Family</u>		3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC
			4. <input type="checkbox"/> OTHER - SPECIFY: _____		4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
					5. <input type="checkbox"/> PROPERTY OWNER
					LICENSE # <u>75011</u>

Number	Hook-Up and Piping Relocation	Column 1 Type of Fixture	Number	Column 2 Type of Fixture
	HOOK-UP: to a table above in those cases where the connection is not regulated and inspected by the local Sanitary District.	Hose-bib / Sillcock		Bath-tub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
	HOOK-UP: in an existing sanitary face wastewater disposal system.	Drinking Fountain		Wash Bar
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Suite, e.g. Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new connections.	Crease in Sewer		Dishwasher
		Dental Chair		Carbage Disposal
		Blow-off		Laundry Tub
	Hook-Ups (Subtotal)	Other: _____		Water Heater
	Hook-Up Fee	Fixtures (Subtotal) Column 1	1	Fixtures (Subtotal) Column 2
		Fixtures (Subtotal) Column 2		Total Fixtures
				Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Hook-Up Fee
				Hook-Up Fee
				Hook-Up Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

\$ 6.00

# PLUMBING APPLICATION

Department of Health, Engineering  
Division of Health Engineering  
12071287-0826

Town or Plantation: Portland  
 Street: 39-41 Purches St.  
 Subdivision Lot #: \_\_\_\_\_  
 PROPERTY OWNERS NAME: \_\_\_\_\_  
Portland Housing Authority  
 Applicant Name: \_\_\_\_\_  
 Mailing Address of Applicant (if different): 11 Cumberland Ave

PORTLAND  
 Permit Number: 1016186  
 Fee: \_\_\_\_\_  
 Date: \_\_\_\_\_

Owner/Applicant Statement  
 I hereby certify that the information submitted is correct to the best of my knowledge and belief. I understand that any falsification is reason for the Local Health Department to deny a Permit.  
Walter Bill  
 Date: 10/16/86

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: \_\_\_\_\_ Date Approved: NOV 1986

PERMIT INFORMATION

Permit is for:  Type A, Relocation of Piping;  Type C, Structure To Be Served:

1.  SINGLE FAMILY DWELLING  
 2.  MODULAR OR MOBILE HOME  
 3.  MULTIPLE FAMILY DWELLING 2 Family  
 4.  OTHER - SPECIFY \_\_\_\_\_

Plumber To Be Installed By:  
 1.  MASTER PLUMBER  
 2.  JOURNED PLUMBER  
 3.  MECHANICAL, VALVE MECHANIC, OR PLUMBING UTILITY EMPLOYEE  
 4.  PROPERTY OWNER  
 License No. 5010

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 installed and inspected by the local Sanitary District.		Hot tub / Sillcock		Bath tub (or Shower)
			Floor Drain		Shower (Separate)
			Urinal		Sink
	CHECK-UP: to an existing subsurface sewage disposal system.		Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
			Water Treatment: Strainer Filter, etc.		Clothes Washer
1	PIPING RELOCATION: of sanitary lines, drains, and pipes without new fixtures		Grease/Oil Separator		Dish Washer
			Dental X-ray		Garbage Disposal
			Sloot		Bundry Tub
1	LOCALS (Subtotal)		Other		Water Heater
6.00	Hook-Up Fees		Fixtures/Subtotal Column 2		Fixtures (Subtotal) Column 1

SEE PERMIT FEE SCHEDULE FOR CALCULATION OF FEES.

Fixtures (Subtotal) Column 1: \_\_\_\_\_  
 Fixtures (Subtotal) Column 2: \_\_\_\_\_  
 Total Fixtures: \_\_\_\_\_  
 Fixtures Fee: \_\_\_\_\_  
 Hook-Up Fees: \_\_\_\_\_  
 Total Fee: \$ 6.00

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