

PERMIT # 8417 CITY OF Portland BUILDING PERMIT APPLICATION

MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: John Glockhamer ~~St. Johnson~~

Address: 28 Allison Avenue

LOCATION OF CONSTRUCTION: Same

CONTRACTOR: Owner SUBCONTRACTORS: 657-3326 work

ADDRESS: \_\_\_\_\_

Est. Construction Cost: 2,000 Type of Use: single family

Post Use: \_\_\_\_\_

Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion: Explain \_\_\_\_\_ construct addition as per \_\_\_\_\_

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

# Of Dwelling Units: \_\_\_\_\_ # Of New Dwelling Units: \_\_\_\_\_

**Foundation**

1. Type of Soil: \_\_\_\_\_
2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_
3. Footings Size: \_\_\_\_\_
4. Foundation Size: \_\_\_\_\_
5. Other: \_\_\_\_\_

**Floor**

1. Sills Size: \_\_\_\_\_ Sills must be anchored.
2. Joist Size: \_\_\_\_\_
3. Jolly Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_
4. Joist Size: \_\_\_\_\_ Spacing 16" O.C.
5. Btg Type: \_\_\_\_\_ Size: \_\_\_\_\_
6. Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_
7. Material: \_\_\_\_\_

**Exterior Walls**

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. No. Windows \_\_\_\_\_
3. No. Doors \_\_\_\_\_
4. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_
6. Corner Posts Size \_\_\_\_\_
7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_
10. Masonry Materials \_\_\_\_\_
11. Metal Materials \_\_\_\_\_

**Interior Walls**

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
3. Wall Covering Type \_\_\_\_\_
4. Fire Wall if required \_\_\_\_\_
5. Other Materials \_\_\_\_\_

**For Official Use Only**

Date: Jul 15, 1988 No. divisions: Yes / No \_\_\_\_\_  
 Inside or Outside: \_\_\_\_\_ Name: \_\_\_\_\_  
 Bldg Code: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Time Limit: \_\_\_\_\_ Stock: \_\_\_\_\_  
 Estimated Cost: 2,000 Permit Expiration: \_\_\_\_\_  
 Structure: \_\_\_\_\_ Ownership: \_\_\_\_\_ Public / Private \_\_\_\_\_  
 Fee: 30.00

**Ceiling**

1. Ceiling Joists Size: \_\_\_\_\_
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_
- Type Ceilings: \_\_\_\_\_
- Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
- Ceiling Height: \_\_\_\_\_

**Roof**

1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
3. Roof Covering: \_\_\_\_\_
4. Other: \_\_\_\_\_

**Chimneys**

Type: \_\_\_\_\_ Number of Fire Places: \_\_\_\_\_

**Heating**

Type of Heat: \_\_\_\_\_

**Electrical**

Service Entrances Size: \_\_\_\_\_ Smoke required: Yes \_\_\_\_\_ No \_\_\_\_\_

**Plumbing**

1. Approval of soil test if required \_\_\_\_\_ No \_\_\_\_\_
2. No. of Tubs or Showers \_\_\_\_\_
3. No. of Flushes \_\_\_\_\_
4. No. of Lavatories \_\_\_\_\_
5. No. of Other Fixtures \_\_\_\_\_

**Swimming Pools**

1. Type: \_\_\_\_\_
2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_
3. Must conform to National Electrical Code and State Law.

**Zoning**

District: \_\_\_\_\_ Street Frontage Req.: \_\_\_\_\_ Provided \_\_\_\_\_  
 Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

**Review Required:**

Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shore and Floodplain Mgmt. \_\_\_\_\_ Special Exception \_\_\_\_\_  
 Other (Explain): \_\_\_\_\_  
 Date Approved: \_\_\_\_\_

Permit Received By: Jennifer O'Brien

Signature of Applicant: [Signature] Date: 7.15.88

Signature of CEO: [Signature] Date: \_\_\_\_\_

Inspection Dates: \_\_\_\_\_

CITY OF PORTLAND, MAINE

389 CONGRESS STREET

PORTLAND MAINE 04101

(207) 773-5451



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

28 Allison Avenue

July 15, 1988

Mr. John Glockhamer  
28 Allison Avenue  
Portland, Maine 04103

Dear Mr. Glockhamer:

This is in reference to your application for a building permit to construct an addition on your single family residence at 28 Allison Avenue in the R-2 Residence Zone in North Deering. We shall need a plot plan to show how the proposed addition will affect the setbacks, front, side and rear for your home-site.

Please furnish a rough sketch or plot plan showing how the existing building with its proposed addition will affect the setbacks for the house after the addition is added to the site. We shall need this information before we can issue a building permit for the proposed addition to your single family dwelling.

Sincerely,

Warren J. Turner  
Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief, Inspection Services  
Kathleen Taylor, Code Enforcement Officer

PERMIT # 000847 CITY OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: John Glockhaner ~~Glockhaner~~

Address: 28 Allison Avenue

LOCATION OF CONSTRUCTION Home

CONTRACTOR: Owner SUBCONTRACTORS: 657-3326 work

ADDRESS: \_\_\_\_\_

Est. Construction Cost: 2,000 Type of Use: single family

Past Use: \_\_\_\_\_

Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories \_\_\_\_\_ Lot Size: \_\_\_\_\_

Is Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion - Explain construct addition as porpalane

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:

# Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

Foundation:

1. Type of Soil: \_\_\_\_\_
2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_
3. Footings Size: \_\_\_\_\_
4. Foundation Size: \_\_\_\_\_
5. Other \_\_\_\_\_

Floor:

1. Sills Size: \_\_\_\_\_ Sills must be anchored.
2. Girder Size: \_\_\_\_\_
3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_
4. Joists Size: \_\_\_\_\_ Spacing 16" O.C.
5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_
6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_
7. Other Material: \_\_\_\_\_

Exterior Walls:

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. No. windows \_\_\_\_\_
3. No. Doors \_\_\_\_\_
4. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_
6. Corner Posts Size \_\_\_\_\_
7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_
10. Masonry Materials \_\_\_\_\_
11. Metal Materials \_\_\_\_\_

Interior Walls:

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
3. Wall Covering Type \_\_\_\_\_
4. Fire Wall if required \_\_\_\_\_
5. Other Materials \_\_\_\_\_

**For Official Use Only**

Date: July 15, 1988 Sub: Yes No \_\_\_\_\_

Inside Fire Limits: \_\_\_\_\_ Name: \_\_\_\_\_

Build Code: \_\_\_\_\_ Block: \_\_\_\_\_

Time Limit: \_\_\_\_\_ Per: \_\_\_\_\_

Estimated Cost: 2,000 Or: \_\_\_\_\_ Public \_\_\_\_\_

Value/Structure: \_\_\_\_\_ Private \_\_\_\_\_

Fee: 30.00

Ceiling:

1. Ceiling Joists Size: \_\_\_\_\_ Spacing \_\_\_\_\_
2. Ceiling Strapping Size: \_\_\_\_\_
3. Type Ceilings: \_\_\_\_\_
4. Insulation Type: \_\_\_\_\_
5. Ceiling Height: \_\_\_\_\_

**PERMIT ISSUED**

Roof:

1. Truss or Rafter Size: \_\_\_\_\_ Span \_\_\_\_\_
2. Sheathing Type: \_\_\_\_\_ Size \_\_\_\_\_
3. Roof Covering Type: \_\_\_\_\_
4. Other \_\_\_\_\_

JUL 18 1988

**City Of Portland**

Chimneys:

Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

Heating:

Type of Heat: \_\_\_\_\_

Electrical:

Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

Plumbing:

1. Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_
2. No. of Tubs or Showers \_\_\_\_\_
3. No. of Flushes \_\_\_\_\_
4. No. of Lavatories \_\_\_\_\_
5. No. of Other Fixtures \_\_\_\_\_

Swimming Pools:

1. Type: \_\_\_\_\_
2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_
3. Must conform to National Electrical Code and State Law.

Zoning:

District \_\_\_\_\_ Street Frontage Req: \_\_\_\_\_ Provided \_\_\_\_\_

Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

Review Required:

Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_

Shore and Floodplain Mgmt \_\_\_\_\_ Special Exception \_\_\_\_\_

Other (Explain) \_\_\_\_\_

Date Approved \_\_\_\_\_

Permit Received By Jeanne Quint

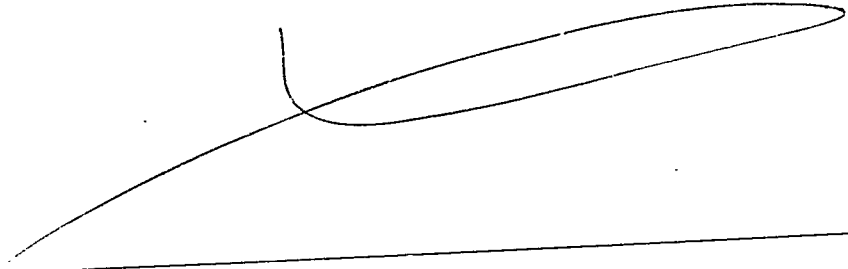
Signature of Applicant [Signature] Date 7-15-88

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

Inspection Dates \_\_\_\_\_

**PLOT PLAN**

*Finishing off 2nd floor -  
framing - OK - OK to close. Owner occupied - owner doing  
sheetrock. Will not require re-insp.*



**FEES (Breakdown From Front)**  
Base Fee \$ 30.00  
Subdivision Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ \_\_\_\_\_  
Other Fees \$ \_\_\_\_\_  
(Explain) \_\_\_\_\_  
Late Fee \$ \_\_\_\_\_

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant *[Handwritten Signature]*

Date 7.15.88

**PLUMBING APPLICATION**

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

**PROPERTY/ADDRESS**

Town Or Plantation: \_\_\_\_\_  
Street: \_\_\_\_\_  
Subdivision Lot #: 28 Allison Ave

**PROPERTY OWNERS NAME**

Last: Blackburn First: John

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

Mailing Address of Owner/Applicant (if different): 28 Allison Ave

PORTLAND PERMIT # 2,980 TOWN COPY

Date Permit Issued: 7,15,88 \$ 112 FEE  If Double Fee Charged

L.P.I. # \_\_\_\_\_

Local Plumbing Inspector 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: [Signature] Date: 7,15,88

**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: 7,14,1989

**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 MAINT.  
3.  MFG'D. HOUSING DEALER/MECHANIC  
4.  PUBLIC UTILITY EMPLOYEE  
5.  PROPERTY OWNER

LICENSE # \_\_\_\_\_

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
<p><b>HOOK-UP:</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p><b>OR</b></p> <p><b>HOOK-UP:</b> to an existing subsurface wastewater disposal system.</p> <p><b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.</p>		Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	0	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
Number of Hook-Ups & Relocations	Fixtures (Subtotal) Column 2			Fixtures (Subtotal) Column 1
Hook-Up & Relocation Fee	Fixtures (Subtotal) Column 2			Fixtures (Subtotal) Column 2
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		4	Fixtures (Subtotal) Column 1
			\$	Hook-Up & Relocation Fee
			\$	Permit Fee (Total)
			\$ 12.	



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date July 125, 1988, 19  
 Receipt and Permit number 29339

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine.

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 28 Allison Avenue  
 OWNER'S NAME: John Glockhamer ADDRESS: same

	<b>FEES</b>
<b>OUTLETS:</b>	
Receptacles <u>1-10</u> Switches _____ Plugmold _____ ft. TOTAL _____	3.00
<b>FIXTURES:</b> (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	3.00
Strip Fluorescent _____ ft. _____	
<b>SERVICES:</b>	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
<b>METERS:</b> (number of) _____	
<b>MOTORS:</b> (number of)	
Fractional _____	
1 HP or over _____	
<b>RESIDENTIAL HEATING:</b>	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
<b>APPLIANCES:</b> (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
<b>TOTAL</b> _____	
<b>MISCELLANEOUS:</b> (number of)	
Branch Panels _____	
Transformers _____	
Air Conditioners Central Unit _____	
Separate Units (windows) _____	
Signs 20 sq. ft. and under _____	
Over 20 sq. ft. _____	
Swimming Pools Above Ground _____	
In Ground _____	
Fire/Burglar Alarms Residential _____	
Commercial _____	
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	
over 30 amps _____	
Circus, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
	<b>INSTALLATION FEE DUE:</b> _____
	<b>DOUBLE FEE DUE:</b> _____
	<b>TOTAL AMOUNT DUE:</b> <u>3.60</u>

**INSPECTION:**  
 Will be ready on \_\_\_\_\_, 19\_\_; or Will Call x \_\_\_\_\_  
**CONTRACTOR'S NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**TEL.:** \_\_\_\_\_  
**MASTER LICENSE NO.:** \_\_\_\_\_ **SIGNATURE OF CONTRACTOR:** \_\_\_\_\_  
**LIMITED LICENSE NO.:** \_\_\_\_\_

INSPECTOR'S COPY — WHITE  
 OFFICE COPY — CANARY  
 CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS

Permit Number 22339

Location 3825 Alvarado

Owner John J. Williams

Date of Permit 11/5/88

Final Inspection 4/22/89

By Inspector [Signature]

Permit Application Register Page No. 32

INSPECTIONS: Service \_\_\_\_\_ by \_\_\_\_\_

Service called in \_\_\_\_\_

Closing-in 9/1/88 by [Signature]

PROGRESS INSPECTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:	REMARKS:

CODE  
COMPLIANCE  
COMPLETED  
DATE 4/22/89



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION **Lot 66 Allison Avenue**

Issued to **R.L. Barter & Sons**

Date of Issue **June 28, 1988**

This is to certify that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. **88-252**, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

entire

single family dwelling with attached garage

Limiting Conditions: unfinished 2nd floor will require permit to finish

This certificate supersedes certificate issued

Approved:

(Date)

(Inspector)

(Inspector of Building)

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION **Lot 66 Allison Avenue**

Issued to **R.L. Barter & Sons**

Date of Issue **June 28, 1988**

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PORION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

entire

single family dwelling with attached garage

Limiting Conditions: unfinished 2nd floor will require permit to finish

This certificate supersedes certificate issued

Approved:

(Date)

(Inspector)

(Inspector of Building)

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.



**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 288-3826

**PROPERTY ADDRESS**

Town Or Plantation: Portland, Me

Street, Subdivision Lot #: Lot #86 Allison Drive

**PROPERTY OWNERS NAME**

Last: BARTEL First: R H

Applicant Name: Carlton W Baldwin Jr

Mailing Address of Owner/Applicant (if Different): 119 Summit St  
Port Me

PORTLAND PERMIT # 2,886 TOWN COPY

Fee: \$ 30 Double Fee Charged

L.P.I. # \_\_\_\_\_

*Local Plumbing Inspector 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.

*Carlton W Baldwin Jr* 4/28/85  
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* 4/17/1985 Date Approved

**PERMIT INFORMATION**

This Application is for:

- NEW PLUMBING
- RELOCATED PLUMBING

**Types Of Structure To Be Served:**

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER - SPECIFY: \_\_\_\_\_

**Plumbing To Be Installed By:**

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D. HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # 1,886

MAY 19 1985

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.	2	Hose/Sillcock	2	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	1	Dis. Washer
			Dental Cuspidor	1	Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____		Water Heater
\$	Hook-Up Fee	2	Fixtures (Subtotal) Column 2	8	Fixtures (Subtotal) Column 1
				2	Fixtures (Subtotal) Column 2
				10	Total Fixtures
				\$ 30	Permit Fee
				\$	Inspection Fee
				\$	Permit Total

TOWN COPY

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE