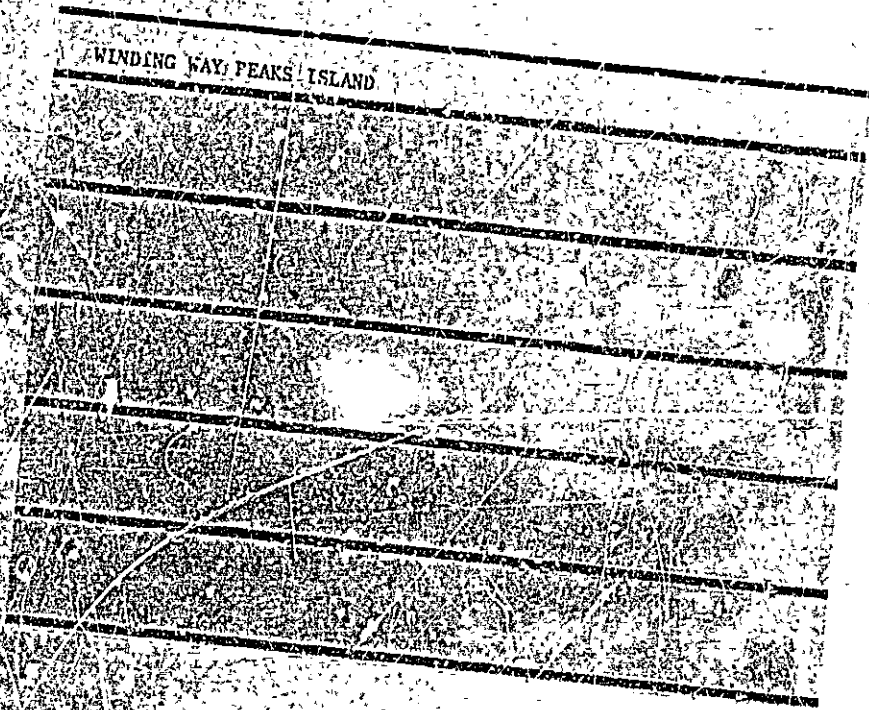


WINDING WAY PEAKS ISLAND



**PLUMBING APPLICATION**

Department of Human Services  
Division of Health Engineering  
(27) 288-3653

**PROPERTY ADDRESS**

Town Or Planatcion: Portland

Street: Wendover Way

Subdivision Lot #: 215

**PROPERTY OWNERS NAME**

Last: Demery First: John

Applicant Name: John White

Mailing Address of Owner/Applicant (if Different): 215 Wendover Way, Portland

0119 PORTLAND \*\*\* 05170 \*\*\*

Date: 8.24.83 Fee: \$ \_\_\_\_\_

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 my falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: John White Date: 8.24.83

**Caution: Inspection Required**

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

Local Plumbing Inspector Signature: Arnold J. Goodwin Date: APR 23 1984

**PERMIT INFORMATION**

<p><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type Of Structure To Be Served:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWPLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p><b>Plumbing To Be Installed By:</b></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> JOURNELLER</p> <p>3. <input type="checkbox"/> H.O.D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # _____</p>
--	--	---

Number	Hook-Up 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	1	Bathtub (and Shower)
			Floor Drain	1	Shower (Separate)
			Urinal	2	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain	2	Wash Basin
			Indirect Waste	3	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 _____	1	Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	9	Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
					Total Fixtures
				\$ 27	Fixtures Fee
				\$ 27	Permit Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE