



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	24 Morning ST
CBL:	003 F008 001
PROPERTY OWNER(S) NAME	
OWNER NAME:	Colleen Bedard
Applicant Name:	MAH SOLAK
Mailing Address of Owner/Applicant (if Different)	P.O Box 1715 SUN 04070
E Mail:	
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(s) to deny a permit.	
Signature of Owner/Applicant	Date: 7/19/14

Town/City	PORTLAND	Permit #	2016-01873
Date Permit Issued	7/19/16	Fee: \$	100
		Double Fee Charged	<input type="checkbox"/>
Local Plumbing Inspector Signature	L.P.I. # 1081		
The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.			
<b>Caution: Inspection Required</b>			
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.			
L.P.I. Signature	Date Approved (Final)		

PERMIT INFORMATION																																																															
<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p> <p style="font-size: 2em; opacity: 0.5; transform: rotate(-15deg);">RECEIVED JUL 19 2016 Dept. of Building Inspections City of Portland Maine</p>	<p>Type of Structure to be Served</p> <p>1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER-SPECIFY _____</p> <p style="background-color: #cccccc; padding: 5px; text-align: center;"><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>	<p>Plumbing to be Installed by:</p> <p>NAME: MAH SOLAK</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE #           8919</p>																																																													
<p>Hook-Up &amp; Piping Relocation Maximum of 1 Hook-Up</p> <p><input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.</p> <p><input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system</p> <p><input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> TRANSFER FEE [\$10.00]</p>	<table border="1"> <thead> <tr> <th>Column 2</th> <th>Column 1</th> </tr> <tr> <th>Number</th> <th>Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Hosebib / Sillcock</td></tr> <tr><td><input type="checkbox"/></td><td>Floor Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Urinal</td></tr> <tr><td><input type="checkbox"/></td><td>Drinking Fountain</td></tr> <tr><td><input type="checkbox"/></td><td>Indirect Waste</td></tr> <tr><td><input type="checkbox"/></td><td>Water Treatment Softener, Filter, Etc.</td></tr> <tr><td><input type="checkbox"/></td><td>Grease / Oil Separator</td></tr> <tr><td><input type="checkbox"/></td><td>Roof Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Bidet</td></tr> <tr><td><input type="checkbox"/></td><td>Other: _____</td></tr> <tr><td colspan="2" style="text-align: right;"><b>Fixtures (Subtotal) Column 2</b></td></tr> </tbody> </table> <p style="text-align: center;">Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture</p>	Column 2	Column 1	Number	Type of Fixture	<input type="checkbox"/>	Hosebib / Sillcock	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Grease / Oil Separator	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Other: _____	<b>Fixtures (Subtotal) Column 2</b>		<table border="1"> <thead> <tr> <th>Column 1</th> </tr> <tr> <th>Number</th> <th>Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>1 Bathtub (and Shower)</td></tr> <tr><td><input type="checkbox"/></td><td>1 Shower (separate)</td></tr> <tr><td><input type="checkbox"/></td><td>1 Sink</td></tr> <tr><td><input type="checkbox"/></td><td>2 Wash Basin</td></tr> <tr><td><input type="checkbox"/></td><td>2 Water Closet (Toilet)</td></tr> <tr><td><input type="checkbox"/></td><td>1 Clothes Washer</td></tr> <tr><td><input type="checkbox"/></td><td>1 Dish Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Garbage Disposal</td></tr> <tr><td><input type="checkbox"/></td><td>Laundry Tub</td></tr> <tr><td><input type="checkbox"/></td><td>Water Heater</td></tr> <tr><td colspan="2" style="text-align: right;"><b>Fixtures (Subtotal) Column 1</b></td></tr> <tr><td colspan="2" style="text-align: right;"><b>TOTAL FIXTURES</b></td></tr> <tr><td><input type="checkbox"/></td><td>Fixture Fee</td></tr> <tr><td><input type="checkbox"/></td><td>Transfer Fee</td></tr> <tr><td><input type="checkbox"/></td><td>Hook-Up &amp; Relocation Fee</td></tr> <tr><td colspan="2" style="text-align: right;"><b>\$ 100 PERMIT FEE (TOTAL)</b></td></tr> </tbody> </table>	Column 1	Number	Type of Fixture	<input type="checkbox"/>	1 Bathtub (and Shower)	<input type="checkbox"/>	1 Shower (separate)	<input type="checkbox"/>	1 Sink	<input type="checkbox"/>	2 Wash Basin	<input type="checkbox"/>	2 Water Closet (Toilet)	<input type="checkbox"/>	1 Clothes Washer	<input type="checkbox"/>	1 Dish Washer	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Laundry Tub	<input type="checkbox"/>	Water Heater	<b>Fixtures (Subtotal) Column 1</b>		<b>TOTAL FIXTURES</b>		<input type="checkbox"/>	Fixture Fee	<input type="checkbox"/>	Transfer Fee	<input type="checkbox"/>	Hook-Up & Relocation Fee	<b>\$ 100 PERMIT FEE (TOTAL)</b>	
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