



# 11156

## PLUMBING PERMIT APPLICATION

PROJ. \_\_\_\_\_

Street: 56 Hammond Street

CBL: 010 6002 (A<sup>3</sup> B)

**PROPERTY OWNER(S) NAME**

NAME: Hammond Apartments LLC

Applicant Name: Derek Locke

Mailing Address of Owner/Applicant (if Different) 153 Fenway St. Portland, ME

Owner/Applicant Statement 04102

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.

RLK LLC 12/3/12

Signature of Owner/Applicant Date

Town/City PORTLAND Permit # 201265513

Date Permit Issued 12/03/12 Fee: \$ 410 Double Fee Charged [ ]

[Signature] L.P.I. # 360

Local Plumbing Inspector Signature

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.

**Caution: Inspection Required**

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

Date Approved (Rough-in)

LPI 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><b>RECEIVED</b> <b>DEC 03 2012</b> 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><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>Derek Locke</u></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 # <u>MS90913406</u></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>OR</p> <p><input type="checkbox"/> TRANSFER FEE [\$10.00]</p>	<table border="1"><thead><tr><th>Number</th><th>Column 2 Type of Fixture</th></tr></thead><tbody><tr><td><u>02</u></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><u>02</u></td><td>Fixtures (Subtotal) Column 2</td></tr></tbody></table> <p>Fees by fixture; First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge</p>	Number	Column 2 Type of Fixture	<u>02</u>	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: _____	<u>02</u>	Fixtures (Subtotal) Column 2	<table border="1"><thead><tr><th>Number</th><th>Column 1 Type of Fixture</th></tr></thead><tbody><tr><td><u>06</u></td><td>Bathtub (and Shower)</td></tr><tr><td><input type="checkbox"/></td><td>Shower (separate)</td></tr><tr><td><u>06</u></td><td>Sink</td></tr><tr><td><u>06</u></td><td>Wash Basin</td></tr><tr><td><u>06</u></td><td>Water Closet (Toilet)</td></tr><tr><td><u>02</u></td><td>Clothes Washer</td></tr><tr><td><u>06</u></td><td>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><u>06</u></td><td>Water Heater</td></tr><tr><td><u>38</u></td><td>Fixtures (Subtotal) Column 1</td></tr><tr><td><u>410</u></td><td>TOTAL FIXTURES</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></tbody></table> <p><u>410.00</u> PERMIT FEE (TOTAL)</p>	Number	Column 1 Type of Fixture	<u>06</u>	Bathtub (and Shower)	<input type="checkbox"/>	Shower (separate)	<u>06</u>	Sink	<u>06</u>	Wash Basin	<u>06</u>	Water Closet (Toilet)	<u>02</u>	Clothes Washer	<u>06</u>	Dish Washer	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Laundry Tub	<u>06</u>	Water Heater	<u>38</u>	Fixtures (Subtotal) Column 1	<u>410</u>	TOTAL FIXTURES	<input type="checkbox"/>	Fixture Fee	<input type="checkbox"/>	Transfer Fee	<input type="checkbox"/>	Hook-Up & Relocation Fee
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