



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 37 Foa Street
 CBL: 012 0013

PROPERTY OWNER(S) NAME

OWNER NAME: Johnny Hitzo
 Applicant Name: Premium H2O
 Mailing Address of Owner/Applicant (if Different): 17 Libby Lane West Bath Maine 04530
 E Mail: derekdudzie@gmail.com
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: [Signature] Date: 12-9-15

Town/City PORTLAND Permit # 201502962
 Date Permit Issued: 12/9/15 Fee: \$ 120 Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 360

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.
 LPI Signature: _____ Date Approved (Final): _____

PERMIT INFORMATION

This Application is for
 1. NEW PLUMBING
 2. RELOCATED PLUMBING
RECEIVED
DEC 09 2015
 Dept. of Building Inspections
 City of Portland Maine

Type of Structure to be Served
 1. SINGLE FAMILY RESIDENCE
 2. MODULAR OR MOBILE HOME
 3. MULTIPLE FAMILY DWELLING
 4. OTHER-SPECIFY _____
Please call 874-8703 with your permit # to schedule inspections!

Plumbing to be Installed by:
NAME: Derek Dudziec
 1. MASTER PLUMBER
 2. OIL BURNERMAN
 3. MFG'D HOUSING DEALER / MECHANIC
 4. PUBLIC UTILITY EMPLOYEE
 5. PROPERTY OWNER
 LICENSE # MS1901010911016

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Column 2 Number Type of Fixture | Column 1 Number Type of Fixture |
|--|---|---|
| <input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district. | <input checked="" type="checkbox"/> 2 Hosebib / Sillcock | <input checked="" type="checkbox"/> 1 Bathtub (and Shower) |
| <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system | <input type="checkbox"/> Floor Drain | <input type="checkbox"/> Shower (separate) |
| | <input type="checkbox"/> Urinal | <input checked="" type="checkbox"/> 1 Sink |
| | <input type="checkbox"/> Drinking Fountain | <input checked="" type="checkbox"/> 2 Wash Basin |
| | <input type="checkbox"/> Indirect Waste | <input checked="" type="checkbox"/> 2 Water Closet (Toilet) |
| | <input type="checkbox"/> Water Treatment Softener, Filter, Etc. | <input checked="" type="checkbox"/> 1 Clothes Washer |
| | <input type="checkbox"/> Grease / Oil Separator | <input type="checkbox"/> Dish Washer |
| | <input type="checkbox"/> Roof Drain | <input type="checkbox"/> Garbage Disposal |
| <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | <input type="checkbox"/> Bidet | <input type="checkbox"/> Laundry Tub |
| | <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> 1 Water Heater |
| | Fixtures (Subtotal) Column 2 | 9 Fixtures (Subtotal) Column 1 |
| OR | | TOTAL FIXTURES |
| <input type="checkbox"/> TRANSFER FEE \$10.00 | Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture | <input type="checkbox"/> Fixture Fee <input type="checkbox"/> Transfer Fee |
| | | <input type="checkbox"/> Hook-Up & Relocation Fee |

Please call 874-8703 with your permit # to schedule inspections! 120 PERMIT FEE (TOTAL)