



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	89 Walnut St. Portland, ME 04101
CBL:	012 G018001
PROPERTY OWNER(S) NAME	
NAME:	LAURA C BALLADUR
Applicant Name:	Edwin R. Leavitt
Mailing Address of Owner/Applicant (if Different)	32 Olympia St, Portland, 04103
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.	
	Date 5/18/14
Signature of Owner/Applicant	Date

Town/City	PORTLAND	Permit #	_____
Date Permit Issued	/ /	Fee: \$	_____ Double Fee Charged []
Local Plumbing Inspector Signature		L.P.I. # 360	
<p>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.</p>			
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 (Rough-in)	
_____		_____	
Date Approved (Final)		_____	

PERMIT INFORMATION																																																																					
<p>This Application is for</p> <p>1 <input type="checkbox"/> NEW PLUMBING</p> <p>2 <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure to be Served</p> <p>1 <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE</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 style="text-align: center;">Please call 874-8703 with your permit # to schedule inspections!</p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>Edwin R. Leavitt</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>MS90014983</u></p>																																																																			
<p>Hook-Up & 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 checked="" type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p style="text-align: center;">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> <th>Number</th> <th>Column 1 Type of Fixture</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Hosebib / Sillcock</td> <td><input type="checkbox"/></td> <td>1 Bathtub (and Shower)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Shower (separate)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td>Sink</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Drinking Fountain</td> <td><input type="checkbox"/></td> <td>1 Wash Basin</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Indirect Waste</td> <td><input type="checkbox"/></td> <td>1 Water Closet (Toilet)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Water Treatment Softener, Filter, Etc.</td> <td><input type="checkbox"/></td> <td>Clothes Washer</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Grease / Oil Separator</td> <td><input type="checkbox"/></td> <td>Dish Washer</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Roof Drain</td> <td><input type="checkbox"/></td> <td>Garbage Disposal</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Bidet</td> <td><input type="checkbox"/></td> <td>Laundry Tub</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other: _____</td> <td><input type="checkbox"/></td> <td>Water Heater</td> </tr> <tr> <td colspan="2">Fixtures (Subtotal) Column 2</td> <td><input type="checkbox"/></td> <td>3 Fixtures (Subtotal) Column 1</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/></td> <td>3 TOTAL FIXTURES</td> </tr> <tr> <td colspan="2">Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge</td> <td><input type="checkbox"/></td> <td>\$30 Fixture Fee</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/></td> <td>Transfer Fee</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/></td> <td>Hook-Up & Relocation Fee</td> </tr> <tr> <td colspan="2">Please call 874-8703 with your permit # to schedule inspections!</td> <td><input type="checkbox"/></td> <td>\$40 PERMIT FEE (TOTAL)</td> </tr> </tbody> </table>	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture	<input type="checkbox"/>	Hosebib / Sillcock	<input type="checkbox"/>	1 Bathtub (and Shower)	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Shower (separate)	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	Sink	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	1 Wash Basin	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	1 Water Closet (Toilet)	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	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"/>	Bidet	<input type="checkbox"/>	Laundry Tub	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Water Heater	Fixtures (Subtotal) Column 2		<input type="checkbox"/>	3 Fixtures (Subtotal) Column 1			<input type="checkbox"/>	3 TOTAL FIXTURES	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge		<input type="checkbox"/>	\$30 Fixture Fee			<input type="checkbox"/>	Transfer Fee			<input type="checkbox"/>	Hook-Up & Relocation Fee	Please call 874-8703 with your permit # to schedule inspections!		<input type="checkbox"/>	\$40 PERMIT FEE (TOTAL)
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PORTLAND MAINE

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Jeff Levine, AICP, Director
Director of Planning and Urban Development

Tammy Munson
Director, Inspections Division

Electronic Signature and Fee Payment Confirmation

Notice: Your electronic signature is considered a legal signature per state law.

By digitally signing the attached document(s), you are signifying your understanding this is a legal document and your electronic signature is considered a **legal signature** per Maine state law. You are also signifying your intent on paying your fees by the opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are **paid in full** to the Inspections Office, City of Portland Maine by method noted below:



Within 24-48 hours, once my complete permit application and corresponding paperwork has been electronically delivered, I intend to **call the Inspections Office** at 207-874-8703 and speak to an administrative representative and provide a credit/debit card over the phone.



Within 24-48 hours, once my permit application and corresponding paperwork has been electronically delivered, I intend to **hand deliver** a payment method to the Inspections Office, Room 315, Portland City Hall.



I intend to deliver a payment method through the U.S. Postal Service mail once my permit paperwork has been electronically delivered.

Applicant Signature:

Date: 5/18/14

I have provided digital copies and sent them on:

Date: 5/18/2014

NOTE: All electronic paperwork must be delivered to buildinginspections@portlandmaine.gov or by physical means ie; a thumb drive or CD to the office.

Room 315 - 389 Congress Street- Portland, Maine 04101 (207) 874-8703 - Fax: 874-8716 - TTY: 874-8936