



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 31 Greenleaf St
 CBL: 012 MOOS

PROPERTY OWNER(S) NAME

OWNER NAME: Robert O'Connor
 Applicant Name: Emma Habs-O'Connor (owner's agent)
 Mailing Address of Owner/Applicant (if Different): 240 State St #6, Portland, ME 04101
 E Mail: ehalsoc@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.

James Jackson 2-23-16
 Signature of Owner/Applicant Date

Town/City: PORTLAND Permit # 2016 00408

Date Permit Issued: 2/23/16 Fee: \$10 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.

 LPI Signature Date Approved (Final)

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p> <p>RECEIVED FEB 23 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 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____</p> <p>Please call 874-8703 with your permit # to schedule inspections!</p>	<p>Plumbing to be Installed by:</p> <p>NAME: James Jackson</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # 27311</p>
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	Column 2		Column 1	
	Number	Type of Fixture	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 type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input checked="" type="checkbox"/> 1	Hosebib / Sillcock	<input checked="" type="checkbox"/> 1	Bathtub (and Shower)
	<input type="checkbox"/> 0	Floor Drain	<input checked="" type="checkbox"/> 1	Shower (separate)
	<input type="checkbox"/> 0	Urinal	<input checked="" type="checkbox"/> 4	Sink
	<input type="checkbox"/> 0	Drinking Fountain	<input type="checkbox"/> 0	Wash Basin
	<input type="checkbox"/> 0	Indirect Waste	<input checked="" type="checkbox"/> 2	Water Closet (Toilet)
	<input type="checkbox"/> 0	Water Treatment Softener, Filter, Etc.	<input checked="" type="checkbox"/> 1	Clothes Washer
	<input type="checkbox"/> 0	Grease / Oil Separator	<input checked="" type="checkbox"/> 2	Dish Washer
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> 0	Roof Drain	<input checked="" type="checkbox"/> 2	Garbage Disposal
	<input type="checkbox"/> 0	Bidet	<input type="checkbox"/> 0	Laundry Tub
	<input type="checkbox"/> 0	Other: _____	<input checked="" type="checkbox"/> 2	Water Heater
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
OR			16	TOTAL FIXTURES
<input checked="" 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! 10.00 PERMIT FEE (TOTAL)