



# PLUMBING PERMIT APPLICATION

**PROPERTY ADDRESS**

Street: 6 OXFORD ST EXT

CBL: 013 F006001

**PROPERTY OWNER(S) NAME**

OWNER NAME: SHORT STACK LLC

Applicant Name: DJANE ALLEN

Mailing Address of Owner/Applicant (if Different): P.O. BOX 1470 AUBURN, ME 04211

E Mail: dallenph@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: \_\_\_\_\_

Town/City PORTLAND Permit # 2016-01892

Date Permit Issued 7/20/16 Fee: \$ 190 Double Fee Charged

Local Plumbing Inspector Signature: [Signature] LPI # 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.

**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**  
 DEPT. OF BUILDING INSPECTIONS  
 CITY OF PORTLAND, MAINE  
 JUL 20 2016

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: \_\_\_\_\_

1.  MASTER PLUMBER

2.  OIL BURNERMAN

3.  MFG'D HOUSING DEALER / MECHANIC

4.  PUBLIC UTILITY EMPLOYEE

5.  PROPERTY OWNER

LICENSE # 101813714

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
<input checked="" 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 / Silcock	<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 checked="" type="checkbox"/> 1 Shower (separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> 3 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"/> 2 Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input checked="" type="checkbox"/> 2 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 checked="" type="checkbox"/> 2 Water Heater
	<input checked="" type="checkbox"/> Fixtures (Subtotal) Column 2	<input checked="" type="checkbox"/> Fixtures (Subtotal) Column 1
		<u>12</u> 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
<b>Please call 874-8703 with your permit # to schedule inspections!</b>		<u>\$190</u> PERMIT FEE (TOTAL)