



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS
 Street: 93R Cumberland Ave
 CBL:

PROPERTY OWNER(S) NAME
 OWNER NAME: Nancy Boulanger
 Applicant Name: Wally J Staples Builders
 Mailing Address of Owner/Applicant (if Different) 21 Greenwood Rd
Brunswick, ME 04011
 E Mail: Paul@wallyjstaplesbuilders.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.
Paul Signature of Owner/Applicant 4-4-16 Date

Town/City **PORTLAND** Permit # _____
 Date Permit Issued / / Fee: \$ _____ Double Fee Charged
 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

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served 1. <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____ Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: <u>Bret Tedesco</u> 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 LICENSE # <u>1M716051</u>
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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 type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> <u>2</u> Hosebib / Sillcock	<input type="checkbox"/> <u>1</u> Bathtub (and Shower)
	<input type="checkbox"/> <u>0</u> Floor Drain	<input type="checkbox"/> <u>1</u> Shower (separate)
	<input type="checkbox"/> <u>0</u> Urinal	<input type="checkbox"/> <u>1</u> Sink
	<input type="checkbox"/> <u>0</u> Drinking Fountain	<input type="checkbox"/> <u>3</u> Wash Basin
	<input type="checkbox"/> <u>0</u> Indirect Waste	<input type="checkbox"/> <u>3</u> Water Closet (Toilet)
	<input type="checkbox"/> <u>0</u> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> <u>1</u> Clothes Washer
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> <u>0</u> Grease / Oil Separator	<input type="checkbox"/> <u>1</u> Dish Washer
	<input type="checkbox"/> <u>0</u> Roof Drain	<input type="checkbox"/> <u>0</u> Garbage Disposal
	<input type="checkbox"/> <u>0</u> Bidet	<input type="checkbox"/> <u>1</u> Laundry Tub
	<input type="checkbox"/> <u>0</u> Other: _____	<input type="checkbox"/> <u>1</u> Water Heater
	<u>2</u> Fixtures (Subtotal) Column 2	<u>11</u> <u>3</u> Fixtures (Subtotal) Column 1
OR		<u>15</u> TOTAL FIXTURES
<input checked="" type="checkbox"/> TRANSFER FEE \$10.00	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<u>150</u> Fixture Fee
		<u>10</u> Transfer Fee
		<u>10</u> Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		<u>180</u> PERMIT FEE (TOTAL)

+ \$10 City Fee
 - \$190 Total



State of Maine
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
PLUMBERS EXAMINING BOARD

License Number MS7605

Be it known that

BRET E. TEDESCO

has qualified as required by Title 32 MRSA Chapter 000049 and is licensed as:

MASTER PLUMBER

ISSUE DATE
December 8, 2015

Anne L. Head
Commissioner

EXPIRATION DATE
November 30, 2017

✂ Detach



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PLUMBERS EXAMINING BOARD

License Number MS7605
BRET E. TEDESCO
MASTER PLUMBER

ISSUED 12/08/2015

EXPIRES 11/30/2017

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
35 State House Station
Augusta, Maine 04333-0035
(207) 624-8603

Anne L. Head
Commissioner