



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS		TOWN/CITY	
Street: <u>59 WASHINGTON AVE.</u>	Town/City: <u>PORTLAND</u>	Permit # <u>2017-07134</u>	
CBL: <u>013 104301 A</u>	Date Permit Issued: <u>4/6/17</u>	Fee: \$ <u>110.00</u>	Double Fee Charged <input type="checkbox"/>
PROPERTY OWNER(S) NAME		LOCAL PLUMBING INSPECTOR	
OWNER NAME: <u>VIENN DOURI</u>	Local Plumbing Inspector Signature:		L.P.I. # <u>1081</u>
Applicant Name: <u>IMPERIA PH</u>		<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> <p style="text-align: center;">Caution: Inspection Required</p> <p>I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.</p>	
Mailing Address of Owner/Applicant (if Different): <u>7 STEPHENSON ST. CAPE ELIZABETH, ME.</u>			
E Mail: <u>JEREMY@IMPERIALPH.COM</u>			
OWNER/APPLICANT STATEMENT		LPI SIGNATURE	
<p>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.</p> <p>Signature of Owner/Applicant: </p>		<p>I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.</p> <p>LPI Signature: _____</p>	
Date: _____		Date Approved (Final): _____	

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">APR 06 2017</p> <p style="text-align: center; font-size: 0.8em;">Dept. of Building Inspections City of Portland Maine</p>	<p style="text-align: center; font-weight: bold;">Type of Structure to be Served</p> <p>1. <input 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 checked="" type="checkbox"/> OTHER-SPECIFY <u>COMMERCIAL</u></p> <p style="text-align: center; background-color: #cccccc; padding: 5px; font-weight: bold; font-size: 1.1em;">Please call 874-8703 with your permit # to schedule inspections!</p>	<p style="text-align: center; font-weight: bold;">Plumbing to be Installed by:</p> <p>NAME: <u>JEREMY MARSTON</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>MS910011321714</u></p>
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	Column 2	Column 1
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Number
<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"/> Hosebib / Sillcock <input type="checkbox"/> Floor Drain <input type="checkbox"/> Urinal <input type="checkbox"/> Drinking Fountain <input checked="" type="checkbox"/> Indirect Waste	<input type="checkbox"/> Bathtub (and Shower) <input type="checkbox"/> Shower (separate) <input checked="" type="checkbox"/> Sink <input checked="" type="checkbox"/> Wash Basin <input type="checkbox"/> Water Closet (Toilet) <input type="checkbox"/> Clothes Washer
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Water Treatment Softener, Filter, Etc. <input checked="" type="checkbox"/> Grease / Oil Separator <input type="checkbox"/> Roof Drain <input type="checkbox"/> Bidet <input type="checkbox"/> Other: _____	<input type="checkbox"/> Dish Washer <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Laundry Tub <input checked="" type="checkbox"/> Water Heater
OR	<input checked="" type="checkbox"/> Fixtures (Subtotal) Column 2	<input checked="" type="checkbox"/> Fixtures (Subtotal) Column 1
<input type="checkbox"/> TRANSFER FEE \$10.00	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<input checked="" type="checkbox"/> TOTAL FIXTURES <input checked="" type="checkbox"/> Fixture Fee <input checked="" type="checkbox"/> Transfer Fee Surcharge <input type="checkbox"/> Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		<u>110.50</u> PERMIT FEE (TOTAL)