



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS		Town/City <u>PORTLAND</u> Permit # _____	
Street: <u>56 Lafayette St</u>		Date Permit Issued <u> </u> / <u> </u> / <u> </u> Fee: \$ _____ Double Fee Charged []	
CBL: <u>014 A606001</u>		L.P.I. # <u>360</u>	
PROPERTY OWNER(S) NAME			
NAME: <u>Emma Lockwood</u>			
Applicant Name: <u>Erik Brinkman</u>			
Mailing Address of Owner/Applicant (if Different) <u>441 Convene Rd Sebago, ME 04029</u>			
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		<u>11/28/13</u> Date	
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.		Caution: Inspection Required Date Approved (Rough-in) _____ Date Approved (Final) _____	
LPI Signature _____		Date Approved (Final) _____	

This Application is for		PERMIT INFORMATION		Plumbing to be Installed by:	
<input checked="" type="radio"/> 1 NEW PLUMBING	<input type="radio"/> 2 RELOCATED PLUMBING	Type of Structure to be Served		NAME: <u>DC Plumbing + Heating</u> <u>Derek Crassey</u>	
		<input checked="" type="radio"/> 1 SINGLE FAMILY RESIDENCE <input type="radio"/> 2 MODULAR OR MOBILE HOME <input type="radio"/> 3 MULTIPLE FAMILY DWELLING <input type="radio"/> 4 OTHER-SPECIFY _____		<input checked="" type="radio"/> 1 MASTER PLUMBER <input type="radio"/> 2 OIL BURNERMAN <input type="radio"/> 3 MFG'D HOUSING DEALER / MECHANIC <input type="radio"/> 4 PUBLIC UTILITY EMPLOYEE <input type="radio"/> 5 PROPERTY OWNER LICENSE # <u>MS90014782</u>	
		Please call 874-8703 with your permit # to schedule inspections!			
Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Column 2 Type of Fixture		Column 1 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"/> Hosebib / Sillcock	<input type="checkbox"/> Bath tub (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"/> Wash Basin		
		<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)		
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system		<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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub		
		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater		
		<input checked="" type="checkbox"/> 0 Fixtures (Subtotal) Column 2	<input checked="" type="checkbox"/> 4 Fixtures (Subtotal) Column 1		
OR				<input checked="" type="checkbox"/> 4 TOTAL FIXTURES	
TRANSFER FEE \$[10.00]		Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge		<input type="checkbox"/> 40 Fixture Fee	
				<input type="checkbox"/> 10 Transfer Fee	
				<input checked="" type="checkbox"/> Hook-Up & Relocation Fee	
Please call 874-8703 with your permit # to schedule inspections!				<input type="checkbox"/> 50 PERMIT FEE (TOTAL)	