



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	40 Quebec St.
CBL:	014 H003001
PROPERTY OWNER(S) NAME	
OWNER NAME:	Matthew Murrell & Kate Howe
Applicant Name:	Guy N. Deroster
Mailing Address of Owner/Applicant (if Different)	27 Ray St. Biddford, ME 04005
E Mail:	guyderosterpandH@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	Date: 4/13/2016

Town/City	PORTLAND	Permit #	2016-00902
Date Permit Issued	04/19/2016	Fee: \$	220.00
		Double Fee Charged	<input type="checkbox"/>
Local Plumbing Inspector Signature		L.P.I. # 360	

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 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 _____ Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: <u>Carey Tepley</u> <u>Guy N. Deroster</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>2797</u> <u>87466</u>																																																		
Hook-Up & Piping Relocation Maximum of 1 Hook-Up <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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. OR <input type="checkbox"/> TRANSFER FEE (\$10.00)	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 2 Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/> 2</td><td>Hosebib / Sillcock</td></tr> <tr><td><input type="checkbox"/></td><td>Floor Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Urinal</td></tr> <tr><td><input type="checkbox"/></td><td>Drinking Fountain</td></tr> <tr><td><input type="checkbox"/></td><td>Indirect Waste</td></tr> <tr><td><input type="checkbox"/></td><td>Water Treatment Softener, Filter, Etc.</td></tr> <tr><td><input type="checkbox"/></td><td>Grease / Oil Separator</td></tr> <tr><td><input type="checkbox"/></td><td>Roof Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Bidet</td></tr> <tr><td><input type="checkbox"/></td><td>Other: _____</td></tr> <tr><td><input checked="" type="checkbox"/> 2</td><td>Fixtures (Subtotal) Column 2</td></tr> </tbody> </table>	Number	Column 2 Type of Fixture	<input checked="" type="checkbox"/> 2	Hosebib / Sillcock	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Grease / Oil Separator	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Other: _____	<input checked="" type="checkbox"/> 2	Fixtures (Subtotal) Column 2	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 1 Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/> 2</td><td>Bathtub (and Shower)</td></tr> <tr><td><input checked="" type="checkbox"/> 2</td><td>Shower (separate)</td></tr> <tr><td><input checked="" type="checkbox"/> 2</td><td>Sink</td></tr> <tr><td><input checked="" type="checkbox"/> 4</td><td>Wash Basin</td></tr> <tr><td><input checked="" type="checkbox"/> 4</td><td>Water Closet (Toilet)</td></tr> <tr><td><input checked="" type="checkbox"/> 2</td><td>Clothes Washer</td></tr> <tr><td><input checked="" type="checkbox"/> 2</td><td>Dish Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Garbage Disposal</td></tr> <tr><td><input type="checkbox"/></td><td>Laundry Tub</td></tr> <tr><td><input checked="" type="checkbox"/> 1</td><td>Water Heater</td></tr> <tr><td><input checked="" type="checkbox"/> 1</td><td>Fixtures (Subtotal) Column 1</td></tr> <tr><td><input checked="" type="checkbox"/> 2</td><td>TOTAL FIXTURES</td></tr> </tbody> </table>	Number	Column 1 Type of Fixture	<input checked="" type="checkbox"/> 2	Bathtub (and Shower)	<input checked="" type="checkbox"/> 2	Shower (separate)	<input checked="" type="checkbox"/> 2	Sink	<input checked="" type="checkbox"/> 4	Wash Basin	<input checked="" type="checkbox"/> 4	Water Closet (Toilet)	<input checked="" type="checkbox"/> 2	Clothes Washer	<input checked="" type="checkbox"/> 2	Dish Washer	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Laundry Tub	<input checked="" type="checkbox"/> 1	Water Heater	<input checked="" type="checkbox"/> 1	Fixtures (Subtotal) Column 1	<input checked="" type="checkbox"/> 2	TOTAL FIXTURES
Number	Column 2 Type of Fixture																																																			
<input checked="" type="checkbox"/> 2	Hosebib / Sillcock																																																			
<input type="checkbox"/>	Floor Drain																																																			
<input type="checkbox"/>	Urinal																																																			
<input type="checkbox"/>	Drinking Fountain																																																			
<input type="checkbox"/>	Indirect Waste																																																			
<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.																																																			
<input type="checkbox"/>	Grease / Oil Separator																																																			
<input type="checkbox"/>	Roof Drain																																																			
<input type="checkbox"/>	Bidet																																																			
<input type="checkbox"/>	Other: _____																																																			
<input checked="" type="checkbox"/> 2	Fixtures (Subtotal) Column 2																																																			
Number	Column 1 Type of Fixture																																																			
<input checked="" type="checkbox"/> 2	Bathtub (and Shower)																																																			
<input checked="" type="checkbox"/> 2	Shower (separate)																																																			
<input checked="" type="checkbox"/> 2	Sink																																																			
<input checked="" type="checkbox"/> 4	Wash Basin																																																			
<input checked="" type="checkbox"/> 4	Water Closet (Toilet)																																																			
<input checked="" type="checkbox"/> 2	Clothes Washer																																																			
<input checked="" type="checkbox"/> 2	Dish Washer																																																			
<input type="checkbox"/>	Garbage Disposal																																																			
<input type="checkbox"/>	Laundry Tub																																																			
<input checked="" type="checkbox"/> 1	Water Heater																																																			
<input checked="" type="checkbox"/> 1	Fixtures (Subtotal) Column 1																																																			
<input checked="" type="checkbox"/> 2	TOTAL FIXTURES																																																			
	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<table border="1"> <tr><td><input checked="" type="checkbox"/> 210.00</td><td>Fixture Fee</td></tr> <tr><td><input checked="" type="checkbox"/> 10.00</td><td>Transfer Fee</td></tr> <tr><td><input type="checkbox"/></td><td>Hook-Up & Relocation Fee</td></tr> <tr><td><input checked="" type="checkbox"/> 220.00</td><td>PERMIT FEE (TOTAL)</td></tr> </table>	<input checked="" type="checkbox"/> 210.00	Fixture Fee	<input checked="" type="checkbox"/> 10.00	Transfer Fee	<input type="checkbox"/>	Hook-Up & Relocation Fee	<input checked="" type="checkbox"/> 220.00	PERMIT FEE (TOTAL)																																										
<input checked="" type="checkbox"/> 210.00	Fixture Fee																																																			
<input checked="" type="checkbox"/> 10.00	Transfer Fee																																																			
<input type="checkbox"/>	Hook-Up & Relocation Fee																																																			
<input checked="" type="checkbox"/> 220.00	PERMIT FEE (TOTAL)																																																			

Please call 874-8703 with your permit # to schedule inspections!

10.00 pd by Cash

CITY OF PORTLAND
DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
 389 Congress Street
 Portland, Maine 04101

PLUMBING PERMIT RECEIPT

Application No: 2016-00902	Applicant: MURRELL MATTHEW B & KATH
Project Desc: Plumbing for NSF	Location: 40 QUEBEC ST
CBL: 014 H003001	Plumber: TAPLEY, COREY J.
Invoice Date: 10/04/2016	License #: MS90012797

Previous Balance	-	Payment Received	+	Current Fees	-	Current Payment	=	Total Due	Payment Due Date
\$220.00		\$220.00		\$10.00		\$10.00		\$0.00	On Receipt

Previous Balance	\$220.00
Payment Received 4/19/2016 - Thank you	\$220.00

Fee Description	Qty	Fee
Transfer Fee	1	\$10.00
		\$10.00

Total Current Payments:	\$10.00
Minimum Amount Due Now:	\$0.00

CBL: 014 H003001 **Application No:** 2016-00902
Bill to: MURRELL MATTHEW B & KATHERINE HOWE J
 40 QUEBEC ST
 PORTLAND, ME 04101

Invoice Date: 10/04/2016
Invoice No: 60245
Total Amt Due: \$0.00
Payment Amount: \$10.00