

SIF
015E011

11808

PLUMBING APPLICATION

Maine D
Div of E
(207) 28

PROPERTY ADDRESS

City, Town, or Plantation: PORTLAND
Street or Road: 107 NORTH ST.
Subdivision, Lot #: _____

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City: Portland Permit #: 2012023309
Date Permit Issued: 2/17/12 Fee: \$ 150.00 Double Fee Charged []
Local Plumbing Inspector Signature: _____ L.P.I. #: 366

PROPERTY OWNERS NAME

Name (last, first, MI): NASON SCOTT Owner Applicant
Mailing Address of Owner/Applicant: P.O. Box 3374
PORTLAND, ME. 04104
Daytime Tel. #: 939-1090

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 Internal Plumbing Rules.

OWNER OR APPLICANT STATEMENT

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.
Signature of Owner or Applicant: _____ Date: 2/17/12

CAUTION: INSPECTION REQUIRED
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
Local Plumbing Inspector Signature: _____ Date Approved (Final): _____

PERMIT INFORMATION

This Application Is For 1. <input checked="" type="checkbox"/> NEW PLUMBING INSTALLATION 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____	Plumbing To Be Installed By 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 3. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 4. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>811681</u>
---	--	---

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR <input type="checkbox"/> HOOK UP: to an existing subsurface wastewater disposal system	2	Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Urinal	2	Sink
		Drinking Fountain	5	Wash Basin
<input type="checkbox"/> OR <input type="checkbox"/> TRANSFER FEE (\$6.00) RECEIVED		Indirect Waste	3	Water Closet (Toilet)
		Waste Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____	1	Water Heater
		Fixtures (Subtotal) Column 2	16	Fixtures (Subtotal) Column 1
			2	Fixtures (Subtotal) Column 2
			18	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee
				(Total)

FEB 17 2012
Dept. of Building Inspections

015E011