



# PLUMBING PERMIT APPLICATION

<b>PROPERTY ADDRESS</b>			
Street: <u>104 Spruce Street</u>	Town/City <b>PORTLAND</b>	Permit # <u>2017-07011</u>	
CBL: <u>061 008 001</u>	Date Permit Issued: <u>1/11/17</u>	Fee: <u>\$50<sup>00</sup></u>	Double Fee Charged <input type="checkbox"/>
<b>PROPERTY OWNER(S) NAME</b>			
OWNER NAME: <u>Whiteridge</u>		L.P.I. # <b>1081</b>	
Applicant Name: <u>Beal Plumbing &amp; Heating, LLC</u>			
Mailing Address of Owner/Applicant (if Different): <u>PO Box 1223 Auburn, ME 04211</u>			
E Mail: <u>admin@bealplumbing.com</u>			
<b>Owner/Applicant Statement</b>			
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: <u>1/11/17</u>			

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

<p style="text-align: center;"><b>This Application is for</b></p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p> <div style="text-align: center; margin-top: 20px;"> <p style="font-size: 1.2em; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.5em; font-weight: bold;">JAN 11 2017</p> <p style="font-size: 0.8em;">Dept. of Building Inspections City of Portland Maine</p> </div>	<p style="text-align: center;"><b>Type of Structure to be Served</b></p> <p>1. <input checked="" 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 type="checkbox"/> OTHER-SPECIFY _____</p> <div style="text-align: center; margin-top: 10px; background-color: #e0e0e0; padding: 5px;"> <p><b>Please call 874-8703 with your permit # to schedule inspections!</b></p> </div>	<p style="text-align: center;"><b>Plumbing to be installed by:</b></p> <p><b>NAME:</b> <u>Lenny Beal</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 style="text-align: right;">LICENSE # <u>MS900140511</u></p>
<p>Hook-Up &amp; Piping Relocation Maximum of 1 Hook-Up</p>	<p>Column 2 Number Type of Fixture</p>	<p>Column 1 Number Type of Fixture</p>
<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 / Silcock <input type="checkbox"/> Floor Drain <input type="checkbox"/> Urinal <input type="checkbox"/> Drinking Fountain <input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Bathtub (and Shower) <input checked="" type="checkbox"/> Shower (separate) <input checked="" type="checkbox"/> Sink <input checked="" type="checkbox"/> Wash Basin <input checked="" 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"/> Grease / Oil Separator <input type="checkbox"/> Roof Drain	<input type="checkbox"/> Clothes Washer <input type="checkbox"/> Dish Washer <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Laundry Tub <input type="checkbox"/> Water Heater
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Bidet <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fixtures (Subtotal) Column 1
OR	<p style="text-align: center;">Fees:</p> <p style="text-align: center;">\$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture</p>	<input checked="" type="checkbox"/> Fixtures (Subtotal) Column 2 <p style="font-weight: bold; font-size: 1.2em;">1031 TOTAL FIXTURES</p>
<input type="checkbox"/> TRANSFER FEE \$10.00	<input checked="" type="checkbox"/> 40 - Fixture Fee <input checked="" type="checkbox"/> 10 - Transfer Fee	<input type="checkbox"/> Hook-Up & Relocation Fee
<p><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>		<p style="font-weight: bold; font-size: 1.5em;">50 - PERMIT FEE (TOTAL)</p>