



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 59 Saint Lawrence St Unit 3

CBL:

PROPERTY OWNER(S) NAME

NAME: Anthony Russo

Applicant Name: Pine State Services, Samuel Marcisso

Mailing Address of Owner/Applicant (if Different) 184 Main Street, Suite 1C South Portland, ME 04106

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 *[Signature]* Date 12-15-15

Town/City PORTLAND

Permit # _____

Date Permit Issued ____ / ____ / ____ Fee: \$ _____ Double Fee Charged []

L.P.I. # 360

Local Plumbing Inspector Signature _____

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.

Date Approved (Rough-in) _____

LPI Signature _____

Date Approved (Final) _____

PERMIT INFORMATION

<p>This Application is for</p> <p>1 <input type="checkbox"/> NEW PLUMBING</p> <p>2 <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p>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 checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4 <input type="checkbox"/> OTHER-SPECIFY <u>not sure</u></p> <p>Please call 874-8703 with your permit # to schedule inspections!</p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>Samuel Marcisso</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>MS2501</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number 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.	_ _ Hosebib / Sillcock	_ _ Bathtub (and Shower)
	_ _ Floor Drain	_ _ Shower (separate)
	_ _ Urinal	_ _ Sink
	_ _ Drinking Fountain	_ _ Wash Basin
	_ _ Indirect Waste	_ _ Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	_ _ Water Treatment Softener, Filter, Etc.	_ _ Clothes Washer
	_ _ Grease / Oil Separator	_ _ Dish Washer
	_ _ Roof Drain	_ _ Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	_ _ Bidet	_ _ Laundry Tub
	_ _ Other: _____	1 Water Heater
	 _ _ Fixtures (Subtotal) Column 2	 1 Fixtures (Subtotal) Column 1
		 1 TOTAL FIXTURES
<input checked="" type="checkbox"/> TRANSFER FEE \$[10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	40 Fixture Fee 10 Transfer Fee
		_ _ Hook-Up & Relocation Fee

Please call 874-8703 with your permit # to schedule inspections! \$50 PERMIT FEE (TOTAL)