



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS		Town/City PORTLAND Permit # <u>2017-07068</u>	
Street: 37 St. Lawrence Street, Por		Date Permit Issued <u>2/17/17</u> Fee: \$ <u>170.00</u> Double Fee Charged <input type="checkbox"/>	
CBL: <u>016 F03 001</u>		L.P.I. # 1081	
PROPERTY OWNER(S) NAME		Local Plumbing Inspector Signature _____	
OWNER NAME: Sweet/Holden		<p>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.</p> <hr/> <p style="text-align: center;">Caution: Inspection Required</p> <p>I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> LPI Signature </div> <div style="text-align: center;"> <u>2/17/2015</u> Date Approved (Final) </div> </div>	
Applicant Name: Robert W. Greene (Plumb-it)			
Mailing Address of Owner/Applicant (if Different) 89 Main Street, Yarmouth, ME 04096			
E Mail: plumb-it@hotmail.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.			
Robert W. Greene 2-17-2017			
Signature of Owner/Applicant _____ Date _____			

PERMIT INFORMATION		
<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p> <p style="text-align: center; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">FEB 17 2017</p> <p style="text-align: center; font-size: 0.8em;">Permitting & Inspections City of Portland Maine</p>	<p style="text-align: center;">Type of Structure to be Served</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> <p style="text-align: center; background-color: #cccccc; padding: 5px; font-weight: bold;">Please call 874-8703 with your permit # to schedule inspections!</p>	<p style="text-align: center;">Plumbing to be Installed by:</p> <p>NAME: <u>Robert W. Greene</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>02645</u> </p>
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.	<input checked="" type="checkbox"/> 2 Hosebib / Sillcock	<input checked="" type="checkbox"/> 1 Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> 2 Shower (separate)
	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> 1 Sink
	<input type="checkbox"/> Drinking Fountain	<input checked="" type="checkbox"/> 3 Wash Basin
	<input type="checkbox"/> Indirect Waste	<input checked="" type="checkbox"/> 3 Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input checked="" type="checkbox"/> 1 Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input checked="" type="checkbox"/> 1 Dish Washer
	<input type="checkbox"/> Roof Drain	<input checked="" type="checkbox"/> 1 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 checked="" type="checkbox"/> 1 Water Heater
OR	<input checked="" type="checkbox"/> 2 Fixtures (Subtotal) Column 2	<input checked="" type="checkbox"/> 4 Fixtures (Subtotal) Column 1
<input type="checkbox"/> TRANSFER FEE \$10.00	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<input checked="" type="checkbox"/> 160.00 Fixture Fee
		<input checked="" type="checkbox"/> 10.00 Transfer Fee Surcharge
		<input type="checkbox"/> Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		<input checked="" type="checkbox"/> 170.00 PERMIT FEE (TOTAL)

BP 2016-02825