

PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 6 St. Lawrence Street Apt. 2

CBL: 016 J010 001

PROPERTY OWNER(S) NAME

NAME: Jeff Thompson

Approved Name: Pine State Services, Samuel Marcisso

Mailing Address of Owner/Applicant (if different): 3 Eisenhower Drive, Westbrook ME 04092

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is a matter for the Local Plumbing Inspector to deny a permit.

Signature of Owner: *[Signature]* Date: 6/27/2016

Town/City: PORTLAND Permit #: 2016-01797

Date Permit Issued: 7/7/16 Fee: \$50 (Dues Fee Included)

Local Plumbing Inspector Signature: *[Signature]*

The Internal Plumbing Fixtures and Piping shall be installed under a Permit as issued by the Local Plumbing Inspector. The Permit shall require the owner or installer to install the plumbing system in accordance with this Application and the Maine Subsurface Wastewater Disposal Rules.

Fixture Inspection Required: LPI: 1081

If you inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application

Date Applied (through): _____ LPI Signature: _____ Date Approved (Local): _____

PERMIT INFORMATION

<p>This Application is for:</p> <p><input type="checkbox"/> NEW PLUMBING</p> <p><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 type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4 <input checked="" type="checkbox"/> OTHER-SPECIFY <u>not sure</u></p> <p style="text-align: center; border: 1px solid black; padding: 2px;">Please call 874-8703 with your permit # to schedule inspections!</p>	<p>Plumbing to be installed by:</p> <p>NAME: Samuel Marcisso</p> <p>1 <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2 <input type="checkbox"/> OR BIRTH/TOWN</p> <p>3 <input type="checkbox"/> MVCD HOMEING 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>																																																								
<p>Hook-Up & Piping Relocation</p> <p>Maximum of 1 Hook-Up</p> <p><input type="checkbox"/> HOOK-UP: If relocation only</p> <p>These drains where the connection is being altered and inspected by the local sanitary district.</p> <p><input type="checkbox"/> HOOK-UP: to an existing subsurface sewer/water system</p> <p><input type="checkbox"/> PERMIT RELOCATION: secondary</p> <p>These drains will piping without new fixtures.</p> <p style="text-align: center;">OR</p> <p><input checked="" type="checkbox"/> TRANSFERABLE PERMIT</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>Column 2 Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></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"/></td><td>Fixtures (Subtotal) Column 2</td></tr> </tbody> </table> <p style="text-align: center;">Fee by Fixture First 4 fixtures = \$49 Over 4 = \$10/fixture + \$10 Surcharge</p>	Number	Column 2 Type of Fixture	<input type="checkbox"/>	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"/>	Fixtures (Subtotal) Column 2	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>Column 1 Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Bath/Tub (and Shower)</td></tr> <tr><td><input type="checkbox"/></td><td>Shower (separate)</td></tr> <tr><td><input type="checkbox"/></td><td>Sink</td></tr> <tr><td><input type="checkbox"/></td><td>Wash Basin</td></tr> <tr><td><input type="checkbox"/></td><td>Water Closet (Toilet)</td></tr> <tr><td><input type="checkbox"/></td><td>Clothes Washer</td></tr> <tr><td><input type="checkbox"/></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 type="checkbox"/></td><td>Water Heater</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Fixtures (Subtotal) Column 1</td></tr> <tr><td><input type="checkbox"/></td><td>TOTAL FIXTURES</td></tr> <tr><td><input type="checkbox"/></td><td>Fixture Fee</td></tr> <tr><td><input type="checkbox"/></td><td>Transfer Fee</td></tr> <tr><td><input type="checkbox"/></td><td>Hook-Up & Relocation Fee</td></tr> </tbody> </table>	Number	Column 1 Type of Fixture	<input type="checkbox"/>	Bath/Tub (and Shower)	<input type="checkbox"/>	Shower (separate)	<input type="checkbox"/>	Sink	<input type="checkbox"/>	Wash Basin	<input type="checkbox"/>	Water Closet (Toilet)	<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 checked="" type="checkbox"/>	Fixtures (Subtotal) Column 1	<input type="checkbox"/>	TOTAL FIXTURES	<input type="checkbox"/>	Fixture Fee	<input type="checkbox"/>	Transfer Fee	<input type="checkbox"/>	Hook-Up & Relocation Fee
Number	Column 2 Type of Fixture																																																									
<input type="checkbox"/>	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"/>	Fixtures (Subtotal) Column 2																																																									
Number	Column 1 Type of Fixture																																																									
<input type="checkbox"/>	Bath/Tub (and Shower)																																																									
<input type="checkbox"/>	Shower (separate)																																																									
<input type="checkbox"/>	Sink																																																									
<input type="checkbox"/>	Wash Basin																																																									
<input type="checkbox"/>	Water Closet (Toilet)																																																									
<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 checked="" type="checkbox"/>	Fixtures (Subtotal) Column 1																																																									
<input type="checkbox"/>	TOTAL FIXTURES																																																									
<input type="checkbox"/>	Fixture Fee																																																									
<input type="checkbox"/>	Transfer Fee																																																									
<input type="checkbox"/>	Hook-Up & Relocation Fee																																																									
<p style="text-align: center; border: 1px solid black; padding: 2px;">Please call 874-8703 with your permit # to schedule inspections!</p>		<p>\$50 PERMIT FEE TOTAL</p>																																																								

RECEIVED

JUL 07 2016

of Building Inspectors
of Portland Maine