



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 20 Sheridan Street
 CBL:

PROPERTY OWNER(S) NAME

OWNER NAME:
Jan Pederson + Jeri Schroeder
 Applicant Name:
Pine State Services
 Mailing Address of
 Owner/Applicant
 (if Different) 184 Main St., Suite 1C
South Portland, Me
04106
 E Mail: LindaT@caronwaltz.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.

Signature of Owner/Applicant: [Signature] Date: 6/4/15

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.

Signature _____ Date Approved _____

LPI Signature _____ Date Approved (Final) _____

PERMIT INFORMATION

This Application is for

1. NEW PLUMBING
 2. RELOCATED PLUMBING

Type of Structure to be Served

1. SINGLE FAMILY RESIDENCE
 2. MODULAR OR MOBILE HOME
 3. MULTIPLE FAMILY DWELLING
 4. OTHER-SPECIFY _____

Please call 874-8703 with your permit # to schedule inspections!

Plumbing to be Installed by:

NAME: Sam Marciasso

1. MASTER PLUMBER
 2. OIL BURNERMAN
 3. MFG'D HOUSING DEALER / MECHANIC
 4. PUBLIC UTILITY EMPLOYEE
 5. PROPERTY OWNER

LICENSE # MS1205

| 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 type="checkbox"/> Hosebib / Sillcock | <input type="checkbox"/> Bathtub (and Shower) |
| <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system | <input type="checkbox"/> Floor Drain | <input type="checkbox"/> Shower (separate) |
| <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | <input type="checkbox"/> Urinal | <input type="checkbox"/> Sink |
| | <input type="checkbox"/> Drinking Fountain | <input type="checkbox"/> Wash Basin |
| | <input type="checkbox"/> Indirect Waste | <input type="checkbox"/> Water Closet (Toilet) |
| | <input type="checkbox"/> Water Treatment Softener, Filter, Etc. | <input type="checkbox"/> Clothes Washer |
| | <input type="checkbox"/> Grease / Oil Separator | <input type="checkbox"/> Dish Washer |
| | <input type="checkbox"/> Roof Drain | <input type="checkbox"/> Garbage Disposal |
| | <input type="checkbox"/> Bidet | <input type="checkbox"/> Laundry Tub |
| | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Water Heater |
| OR | 10 0 Fixtures (Subtotal) Column 2 | 10 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 | 10 4 TOTAL FIXTURES |
| | | <input type="checkbox"/> Fixture Fee <input type="checkbox"/> Transfer Fee |
| | | <input type="checkbox"/> Hook-Up & Relocation Fee |

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