



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: See Attached

CBL: 022-1001

PROPERTY OWNER(S) NAME

NAME: Portland Housing Authority

Applicant Name: Portland Housing Authority

Mailing Address of Owner/Applicant (if Different): 14 Baxter Blvd Portland, ME 04101

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 _____ Date _____

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

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: Gibral for Construction

1 MASTER PLUMBER

2 OIL BURNERMAN

3 MFG'D HOUSING DEALER / MECHANIC

4 PUBLIC UTILITY EMPLOYEE

5 PROPERTY OWNER

LICENSE # | | | | | | | | | |

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 / Silcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input checked="" type="checkbox"/> 4 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"/> 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"/> 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 type="checkbox"/> Water Heater
OR	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input checked="" type="checkbox"/> 4 Fixtures (Subtotal) Column 1
<input checked="" type="checkbox"/> TRANSFER FEE [\$10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	<input checked="" type="checkbox"/> 4 TOTAL FIXTURES
		<input checked="" type="checkbox"/> 40 Fixture Fee
		<input checked="" type="checkbox"/> 10 Transfer Fee
		<input type="checkbox"/> Hook-Up & Relocation Fee

Please call 874-8703 with your permit # to schedule inspections! 50.00 PERMIT FEE (TOTAL)

CBL

022 I001

5

44-50 Mayo St

Building

Toilets

4

4