



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	See Attached
CBL:	072 K007
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

<b>This Application is for</b> 1 <input type="checkbox"/> NEW PLUMBING 2 <input checked="" type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure to be Served</b> 1 <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2 <input type="checkbox"/> MODULAR OR MOBILE HOME 3 <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4 <input type="checkbox"/> OTHER-SPECIFY _____	<b>Plumbing to be Installed by:</b> <b>NAME:</b> <u>Gibral for Construction</u> 1 <input type="checkbox"/> MASTER PLUMBER 2 <input type="checkbox"/> OIL BURNERMAN 3 <input checked="" type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC 4 <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5 <input type="checkbox"/> PROPERTY OWNER LICENSE #
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**Please call 874-8703 with your permit # to schedule inspections!**

	Column 2		Column 1	
	Number	Type of Fixture	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	7	Water Closet (Toilet)
		Water Treatment Softener, Filter, Etc.		Clothes Washer
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
<b>OR</b>	<b>Fixtures (Subtotal) Column 2</b>		7   <b>Fixtures (Subtotal) Column 1</b>	
			7   <b>TOTAL FIXTURES</b>	
<input checked="" type="checkbox"/> TRANSFER FEE \$10.00	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge		170.00	Fixture Fee
			30.00	Transfer Fee
				Hook-Up & Relocation Fee
<b>Please call 874-8703 with your permit # to schedule inspections!</b>			200.00	<b>PERMIT FEE (TOTAL)</b>

CBL	022 K007			Toilets	
	Building	6	63-67 Smith	6	6
	Building	7	8 Anderson	6	6
	Building	8	9 Anderson	5	5