



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	39 CEDAR ST. PORTLAND
CBL:	026 B001
PROPERTY OWNER(S) NAME	
OWNER NAME:	HYDE
Applicant Name:	JESSE MANTSCH
Mailing Address of Owner/Applicant (if Different)	101 LUTHER ST. PEAKS ISLAND
E Mail:	jmantsch@maine.rr.com
<p><b>Owner/Applicant Statement</b></p> <p>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.</p> <p>_____ Signature of Owner/Applicant                      Date</p>	

Town/City	PORTLAND	Permit #	201500697
Date Permit Issued	4/8/15	Fee: \$	50
		Double Fee Charged	[ ]
<p>_____ Local Plumbing Inspector Signature</p>		L.P.I. # 360	
<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>			
<b>Caution: Inspection Required</b>			
<p>I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.</p>			
<p>_____ LPI Signature</p>		<p>_____ Date Approved (Final)</p>	

## PERMIT INFORMATION

<p><b>This Application is for</b></p> <p>1 <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2 <input type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type of Structure to be Served</b></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><b>Plumbing to be Installed by:</b></p> <p>NAME: <u>JESSE MANTSCH</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>LICENSE # <u>MS90009344</u></p>
<p><b>RECEIVED</b> APR 08 2015 Dept. of Building Inspections City of Portland Maine</p>		
<p><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>		

	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.	<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
	<input type="checkbox"/>	<b>Fixtures (Subtotal) Column 2</b>	<input type="checkbox"/>	<b>Fixtures (Subtotal) Column 1</b>
<b>OR</b>			<input checked="" type="checkbox"/>	<b>TOTAL FIXTURES</b>
<input type="checkbox"/> TRANSFER FEE [\$10.00]		Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	<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~~ 50 PERMIT FEE (TOTAL)