



2014-01152

29-K-1

# PLUMBING PERMIT APPLICATION

## PROPERTY ADDRESS

Street: 7 Custom House St

CBL: \_\_\_\_\_

## PROPERTY OWNER(S) NAME

NAME: Olippia

Applicant Name: David McWilliam

Mailing Address of Owner/Applicant (if Different) 19 Spillers St

### 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: David McWilliam Date: 5/29/14

Town/City PORTLAND Permit # \_\_\_\_\_

Date Permit Issued 5/1/14 Fee: \$ \_\_\_\_\_ Double Fee Charged [ ]

Local Plumbing Inspector Signature: [Signature] L.P.I. # 360

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

**RECEIVED**  
**MAY 29 2014**  
Dept. of Building Inspections  
City of Portland Maine

Type of Structure to be Served

1  SINGLE FAMILY RESIDENCE

2  MODULAR OR MOBILE HOME

3  MULTIPLE FAMILY DWELLING

4  OTHER-SPECIFY Commercial

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

Plumbing to be Installed by:

NAME: \_\_\_\_\_

1  MASTER PLUMBER

2  OIL BURNER MAINTENANCE

3  MFG'D HOUSING INSTALLER / MECHANIC

4  PUBLIC UTILITY EMPLOYEE

5  PROPERTY OWNER

LICENSE # 87414

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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	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"/>	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 type="checkbox"/>	Water Closet (Toilet)
	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Clothes Washer
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Water Heater
	<input type="checkbox"/>	<b>Fixtures (Subtotal) Column 2</b>	<input checked="" type="checkbox"/>	<b>Fixtures (Subtotal) Column 1</b>
OR			<input 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
<b>Please call 874-8703 with your permit # to schedule inspections!</b>			<b>PERMIT FEE (TOTAL):</b>	