



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	99 Silver Street, Unit 1-1
CBL:	029 0001011
PROPERTY OWNER(S) NAME	
NAME:	Jarek Bell
Applicant Name:	Jarek Bell
Mailing Address of Owner/Applicant (if Different)	137 Bridge Street, Yarmouth, ME
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
	11.1.13

Town/City	PORTLAND	Permit #	_____
Date Permit Issued	___ / ___ / ___	Fee: \$	_____ Double Fee Charged []
Local Plumbing Inspector 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)
_____	Date Approved (Final)

PERMIT INFORMATION

This Application is for 1 <input checked="" type="checkbox"/> NEW PLUMBING 2 <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served 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 checked="" type="checkbox"/> OTHER-SPECIFY <u>Condo</u>	Plumbing to be Installed by: NAME: <u>Maine Properties</u> 1 <input checked="" type="checkbox"/> MASTER PLUMBER <i>Work completed by previous owner</i> 2 <input type="checkbox"/> OIL BURNERMAN 3 <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC 4 <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5 <input type="checkbox"/> PROPERTY OWNER LICENSE #
---	--	--

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

	Column 2	Column 1
	Number	Number
	Type of Fixture	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"/> 0 <input type="checkbox"/> 1 Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
	<input type="checkbox"/> Urinal	<input type="checkbox"/> 0 <input type="checkbox"/> 1 Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> 0 <input type="checkbox"/> 1 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"/> 0 <input type="checkbox"/> 1 Water Heater
	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> 0 <input type="checkbox"/> 4 Fixtures (Subtotal) Column 1
OR		<input type="checkbox"/> 0 <input type="checkbox"/> 4 TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE (\$10.00)	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	<input type="checkbox"/> \$40.00 Fixture Fee
		<input type="checkbox"/> Transfer Fee
		<input type="checkbox"/> Hook-Up & Relocation Fee

Please call 874-8703 with your permit # to schedule inspections! **\$40.00** PERMIT FEE (TOTAL)