



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	99 Silver 310A
CBL:	029 0001 310
PROPERTY OWNER(S) NAME	
NAME:	Robert Healy
Applicant Name:	Matthew Soler
Mailing Address of Owner/Applicant (if Different)	PO Box 1715 Scar, Me 04070
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 4-22-14

Town/City	PORTLAND	Permit #	2014 60812
Date Permit Issued	4/22/14	Fee: \$	500
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) \_\_\_\_\_

LPI Signature \_\_\_\_\_ Date Approved (Final) \_\_\_\_\_

## PERMIT INFORMATION

This Application is for <input type="checkbox"/> NEW PLUMBING <input checked="" type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served <input type="checkbox"/> SINGLE FAMILY RESIDENCE <input type="checkbox"/> MODULAR OR MOBILE HOME <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER-SPECIFY _____	Plumbing to be Installed by: NAME: <u>Matthew Soler</u>
		<input checked="" type="checkbox"/> MASTER PLUMBER <input type="checkbox"/> OIL BURNERMAN <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>89110</u>

**RECEIVED**  
**APR 22 2014**  
 Dept. of Building Inspections  
 City of Portland Maine

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

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 / Silcock	<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 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>			<input type="checkbox"/>	<b>PERMIT FEE (TOTAL)</b>

50 — PERMIT FEE (TOTAL)