



# PLUMBING PERMIT APPLICATION

**PROPERTY ADDRESS**  
 Street: 136 Commercial St  
 CBL: 030 11004 001

**PROPERTY OWNER(S) NAME**  
 OWNER NAME: Saco & Biddeford Siphys  
 Applicant Name: Caluzzo & Sons Plumbing  
 Mailing Address of Owner/Applicant (if Different): Caluzzo & Sons Plumbing 100 US RT Scarborough  
 E Mail: sacoin2258@gmail.com

**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: [Signature] Date: 12/21/16

Town/City PORTLAND Permit # 2016-08149  
 Date Permit Issued: 12/21/16 Fee: \$ 50.00 Double Fee Charged   
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 1081

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.

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

**PERMIT INFORMATION**

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING  RECEIVED DEC 21 2016 Dept. of Building Inspection City of Portland Maine	Type of Structure to be Served 1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER-SPECIFY <u>Commercial</u> <b>Please call 874-8703 with your permit # to schedule inspections!</b>	Plumbing to be Installed by: NAME: <u>Steve Caluzzo</u> 1. <input checked="" type="checkbox"/> MASTER PLUMBER 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 # <u>MS 78144</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2	Column 1
	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"/> HOOK-UP: to an existing subsurface wastewater disposal system	<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 checked="" 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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<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
OR	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	<b>Fixtures (Subtotal) Column 2</b>	<b>Fixtures (Subtotal) Column 1</b>
		<b>TOTAL FIXTURES</b>
<input type="checkbox"/> TRANSFER FEE (\$10.00)	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	40 - Fixture Fee 10 - Transfer Fee <u>Surcharge</u>
		Hook-Up & Relocation Fee
<b>Please call 874-8703 with your permit # to schedule inspections!</b>		50 - <b>PERMIT FEE (TOTAL)</b>