



# PLUMBING PERMIT APPLICATION

## PROPERTY ADDRESS

Street: 314 Chandler's Wharf

CBL: 031 5002314

## PROPERTY OWNER(S) NAME

OWNER NAME: Anthony Vorlicek

Applicant Name: Darlong Plumbing + Heating Inc

Mailing Address of Owner/Applicant (if Different) 29 Vannah Ave Portland, ME 04103

E Mail: \_\_\_\_\_

## 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 1/6/15

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

Date Permit Issued 1/1/15 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.

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

## PERMIT INFORMATION

**This Application is for**  
1.  NEW PLUMBING  
2.  RELOCATED PLUMBING

**Type of Structure to be Served**  
1.  SINGLE FAMILY RESIDENCE  
2.  MODULAR OR MOBILE HOME  
3.  MULTIPLE FAMILY DWELLING  
4.  OTHER-SPECIFY Condo  
**Please call 874-8703 with your permit # to schedule inspections!**

**Plumbing to be Installed by:**  
NAME: \_\_\_\_\_  
E Mail: \_\_\_\_\_  
1.  MASTER PLUMBER  
2.  OIL BURNERMAN  
3.  MFG'D HOUSING DEALER / MECHANIC  
4.  PUBLIC UTILITY EMPLOYEE  
5.  PROPERTY OWNER  
LICENSE # 07160

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<input checked="" type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain	<u>01</u>	Shower (separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system		Water Treatment Softener, Filter, Etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Bidet		Laundry Tub
		Other: _____		Water Heater
<b>OR</b>	<b>Fixtures (Subtotal) Column 2</b>		<b>Fixtures (Subtotal) Column 1</b>	
			<u>1</u>	<b>TOTAL FIXTURES</b>
<input type="checkbox"/> TRANSFER FEE \$10.00	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture			Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee

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