

PLUMBING APPL

11917

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY ADDR

TION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation PORTLAND
Street or Road 250 COMMERCIAL ST
Subdivision, Lot # 031 L034

Town/City Portland Permit # 201245373
Date Permit Issued 6/24/12 Fee: \$ 380 - Double Fee Charged []
Local Plumbing Inspector Signature [Signature] L.P.I. # _____

PROPERTY OWNERS NAME

Name (last, first, MI) CARLO DORIA PLUMBING INC Owner Applicant
Mailing Address of Owner/Applicant 23 WATERHOUSE RD CAPE ELIZABETH ME 04107
Daytime Tel. # 799-0066

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 Internal Plumbing Rules.

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

OWNER OR APPLICANT STATEMENT
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.
[Signature] 6/28/12
Signature of Owner or Applicant Date

Local Plumbing Inspector Signature _____ Date Approved (Rough-In) _____
Date Approved (Final) _____

PERMIT INFORMATION

This Application Is For 1. <input checked="" type="checkbox"/> NEW PLUMBING INSTALLATION 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 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>	Plumbing To Be Installed By 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 3. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 4. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>17167</u>
		Date Approved (Rough-In) _____ Date Approved (Final) _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR HOOK UP: to an existing subsurface wastewater disposal system	5	Hosebibb / Sillcock		Bathtub (and Shower)
	1	Floor Drain		Shower (Separate)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Urinal	15	Sink
		Drinking Fountain	5	Wash Basin
RECEIVED JUN 26 2012 Dept. of Building Inspections OR Portland Maine		Indirect Waste	6	Water Closet (Toilet)
		Waste Treatment Softener, Filter, etc.		Clothes Washer
TRANSFER FEE (\$10.00)		Grease / Oil Separator	2	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
	3	Other: <u>GLASS WASHER</u>		Water Heater
		Fixtures (Subtotal) Column 2	28	Fixtures (Subtotal) Column 1
			9	Fixtures (Subtotal) Column 2
			37	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee
			380-	(Total)