



# PLUMBING PERMIT APPLICATION

<b>PROPERTY ADDRESS</b>		Town/City <b>PORTLAND</b> Permit # <b>2017-07095</b>	
Street: <b>250 Commercial St</b>		Date Permit Issued <b>3/16/17</b> Fee: \$ <b>50.00</b> Double Fee Charged <input type="checkbox"/>	
<b>PROPERTY OWNER(S) NAME</b>		L.P.I. # <b>1081</b>	
OWNER NAME: <b>CM Waterfront Properties LLC</b>		Local Plumbing Inspector Signature _____	
Applicant Name: <b>Russ Carr</b>		<p>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.</p> <p><b>Caution: Inspection Required</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.</p>	
Mailing Address of Owner/Applicant (if Different): <b>308 Gray Rd. Falmouth ME 04105</b>			
E Mail: <b>Russ@CarrPlumbers.com</b>			
<p style="text-align: center;"><b>Owner/Applicant Statement</b></p> <p>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.</p> <p><i>Russ Carr</i> Signature of Owner/Applicant Date: <b>3/16/17</b></p>		<p style="text-align: center;"><b>Caution: Inspection Required</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.</p> <p>_____ LPI Signature Date Approved (Final) _____</p>	

PERMIT INFORMATION		
<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p> <p style="text-align: center; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">MAR 16 2017</p> <p style="text-align: center; font-size: 0.8em;">Dept. of Building Inspections City of Portland Maine</p>	<p style="text-align: center;"><b>Type of Structure to be Served</b></p> <p>1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER-SPECIFY <u>Commercial</u></p> <p style="text-align: center; background-color: #cccccc; padding: 5px;"><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>	<p style="text-align: center;"><b>Plumbing to be Installed by:</b></p> <p>NAME: <u>Russ Carr</u></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>13330</u></p>
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number                      Type of Fixture	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"/> Hosebib / Sillcock	<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 checked="" type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input checked="" type="checkbox"/> Wash Basin
	<input checked="" 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
<b>OR</b>	<b>1</b> Fixtures (Subtotal) Column 2	<b>3</b> Fixtures (Subtotal) Column 1
<input type="checkbox"/> TRANSFER FEE (\$10.00)	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<input checked="" type="checkbox"/> TOTAL FIXTURES
		<input checked="" 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>		<b>50.00</b> PERMIT FEE (TOTAL)