

PLUMBING APPLICATION

Close SMM
 Department of Health and Human Services
 Division of Environmental Health

PROPERTY ADDRESS
 Town or Plantation: Portland
 Street: 51 Exchange Street
PROPERTY OWNERS NAME
 Last: MT Desert First: Ice Cream
 Applicant Name: Steve Cavazzo Plumbing Inc
 Mailing Address of Owner/Applicant (If Different): 17 Burnham Rd Scarborough, ME 04074

2010-8126
 PORTLAND
 Date Permits Issued: 5/18/10 \$ 11.50 Double Fee
 L.P.I. # 11112
 Local Plumbing Inspector Signature: _____
 32-E-4
Caution: Inspection Required
 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
 5-20-10 *SMM* 5-20-10
 Local Plumbing Inspector Signature Date Approved

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 Inspectors to deny a Permit.
Steve Cavazzo 5/10
 Signature of Owner/Applicant Date

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 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"/> 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>7844</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebib / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	1	Sink
		Drinking Fountain	1	Wash Basin
<input type="checkbox"/> OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
	1	Other <u>Dipper Well</u>	1	Water Heater
		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
			3	Fixtures (Subtotal) Column 2
			4	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



CITY OF PORTLAND, MAINE
Department of Building Inspections

Original Receipt

5.18 / 2010

Received from Case 270

Location of Work St. Exchng 19.1K.f

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Total: 40

Building (IL) _____ Plumbing (IS) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: 3284

Check #: CC Total Collected \$ 40

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy