



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS
 Street: ~~FOREST~~ FOREST 303 (375)
 CBL: 032-FO05001

PROPERTY OWNER(S) NAME
 OWNER NAME: 11 EXCHANGE LLC
 Applicant Name: John Connors
 Mailing Address of Owner/Applicant (if Different): 1261 ROOSEVELT TRAIL RAYMOND, ME, 04071
 E Mail: Johnconnors2010@yahoo.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: 12/29/15

Town/City PORTLAND Permit # 2015 03104
 Date Permit Issued: 12/29/15 Fee: \$ 50 Double Fee Charged []
 Local Plumbing Inspector Signature: *[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

<p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING</p> <p>RECEIVED DEC 29 2015</p> <p>Dept. of Building Inspections City of Portland, Maine</p>	<p>Type of Structure to be Served</p> <p>1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____</p> <p>Please call 874-8703 with your permit # to schedule inspections!</p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>JOHN CONNORS</u></p> <p>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</p> <p>LICENSE # <u>07593</u></p>																																																																
<p>Hook-Up & Piping Relocation Maximum of 1 Hook-Up</p> <p><input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.</p> <p><input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system</p> <p><input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p>OR</p> <p><input type="checkbox"/> TRANSFER FEE \$10.00</p>	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 2 Type of Fixture</th> <th>Number</th> <th>Column 1 Type of Fixture</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Hosebib / Sillcock</td> <td><input type="checkbox"/></td> <td>Bathtub (and Shower)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Shower (separate)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input checked="" type="checkbox"/></td> <td>Sink HAIR SOTON</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Drinking Fountain</td> <td><input checked="" type="checkbox"/></td> <td>Wash Basin</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Indirect Waste</td> <td><input checked="" type="checkbox"/></td> <td>Water Closet (Toilet)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Water Treatment Softener, Filter, Etc.</td> <td><input type="checkbox"/></td> <td>Clothes Washer</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Grease / Oil Separator</td> <td><input type="checkbox"/></td> <td>Dish Washer</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Roof Drain</td> <td><input type="checkbox"/></td> <td>Garbage Disposal</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Bidet</td> <td><input type="checkbox"/></td> <td>Laundry Tub</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other: _____</td> <td><input type="checkbox"/></td> <td>Water Heater</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Fixtures (Subtotal) Column 2</td> <td><input checked="" type="checkbox"/></td> <td>Fixtures (Subtotal) Column 1</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td>TOTAL FIXTURES</td> </tr> <tr> <td></td> <td>Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture</td> <td><input checked="" type="checkbox"/></td> <td>40.00 Fixture Fee</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td>10.00 Transfer Fee Surcharge</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td>Hook-Up & Relocation Fee</td> </tr> </tbody> </table>	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture	<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 HAIR SOTON	<input type="checkbox"/>	Drinking Fountain	<input checked="" type="checkbox"/>	Wash Basin	<input type="checkbox"/>	Indirect Waste	<input checked="" 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	<input checked="" type="checkbox"/>	Fixtures (Subtotal) Column 2	<input checked="" type="checkbox"/>	Fixtures (Subtotal) Column 1			<input checked="" type="checkbox"/>	TOTAL FIXTURES		Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<input checked="" type="checkbox"/>	40.00 Fixture Fee			<input checked="" type="checkbox"/>	10.00 Transfer Fee Surcharge			<input type="checkbox"/>	Hook-Up & Relocation Fee	<p>Please call 874-8703 with your permit # to schedule inspections!</p> <p><input checked="" type="checkbox"/> 50.00 PERMIT FEE (TOTAL)</p>
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