



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS
 Street: 15 Temple ST
 CBL: 032 H 004 001

PROPERTY OWNER(S) NAME
 OWNER NAME: 2014-02751 Temple ST Music Venue
 Applicant Name: Russell Carr

Mailing Address of Owner/Applicant (if Different)
368 Gray Rd Falmouth, ME 04105
 E Mail: russ@carrplumbers.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.
Russell Carr Date 3/3/15
 Signature of Owner/Applicant Date

Town/City **PORTLAND** Permit # _____
 Date Permit Issued 03/06/2 Fee: \$ _____ Double Fee Charged
 L.P.I. # **360**
 Local Plumbing Inspector Signature _____

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. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served 1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER-SPECIFY <u>comerc</u> Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: <u>Russell Carr</u> E Mail: <u>russ@carrplumbers.com</u> 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>13330</u>
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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. <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (separate)
	2	Urinal	2	Sink
		Drinking Fountain	2	Wash Basin
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	1	Indirect Waste	4	Water Closet (Toilet)
		Water Treatment Softener, Filter, Etc.		Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Roof Drain		Garbage Disposal
OR		Bidet		Laundry Tub
		Other: _____		Water Heater
	3	Fixtures (Subtotal) Column 2	19	Fixtures (Subtotal) Column 1
			12	TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE \$10.00		Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture	120	Fixture Fee Transfer Fee
				Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!			PERMIT FEE (TOTAL)	