



PLUMBING PERMIT APPLICATION

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|---|-----------------------------------|---|---|
| PROPERTY ADDRESS | | | |
| Street: <u>183 Middle St</u> | Town/City PORTLAND | Permit # <u>2018-07008</u> | |
| CBL: <u>032 H01604B</u> | Date Permit Issued <u>1/12/17</u> | Fee: \$ <u>90</u> | Double Fee Charged <input type="checkbox"/> |
| PROPERTY OWNER(S) NAME | | | |
| OWNER NAME: <u>PTM Realty II LLC</u> | | Local Plumbing Inspector Signature <u>[Signature]</u> L.P.I. # <u>1081</u> | |
| Applicant Name: | | <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 style="text-align: center;">Caution: Inspection Required</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) <u>P.O. Box 1715 Scarborough ME 04070</u> | | | |
| E Mail: <u>Bob.Beswick@MJSer@Hotmail.com</u> | | | |
| 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 _____ Date _____ | | LPI Signature _____ Date Approved (Final) _____ | |

| PERMIT INFORMATION | | |
|--|--|--|
| <p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p> <p style="text-align: center; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">JAN 12 2018</p> <p style="text-align: center;">Dept. of Building Inspections City of Portland Maine</p> | <p style="text-align: center;">Type of Structure to be Served</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 type="checkbox"/> OTHER-SPECIFY _____</p> <p style="text-align: center; background-color: #cccccc; padding: 5px;">Please call 874-8703 with your permit # to schedule inspections!</p> | <p style="text-align: center;">Plumbing to be Installed by:</p> <p>NAME: <u>MAH SOLAK</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>[Blank]</u> <u>89110</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 checked="" type="checkbox"/> Urinal | <input checked="" type="checkbox"/> Sink |
| | <input type="checkbox"/> Drinking Fountain | <input 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 |
| OR | <input checked="" type="checkbox"/> Fixtures (Subtotal) Column 2 | <input checked="" type="checkbox"/> 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 type="checkbox"/> TOTAL FIXTURES |
| | | <input type="checkbox"/> Fixture Fee |
| | | <input type="checkbox"/> Transfer Fee |
| | | <input type="checkbox"/> Hook-Up & Relocation Fee |
| Please call 874-8703 with your permit # to schedule inspections! | | PERMIT FEE (TOTAL) |