



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS
 Street: 193 Middle St
 CBL: 032 H022 001

PROPERTY OWNER(S) NAME
 OWNER NAME: Machias Savings Bank
 Applicant Name: Carizzo & Sons Plumbing
 Mailing Address of Owner/Applicant (if Different): 700 US R+1 Scarborough ME 04174
 E Mail: Scarizzo258@gmail.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: 10/19/16

Town/City PORTLAND Permit # 2016-08063
 Date Permit Issued 10/19/16 Fee: \$ 50.00 Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 1081

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. NEW PLUMBING
 2. RELOCATED PLUMBING

RECEIVED
 OCT 19 2016
 Dept. of Building Inspections
 City of Portland Maine

Type of Structure to be Served

1. SINGLE FAMILY RESIDENCE
 2. MODULAR OR MOBILE HOME
 3. MULTIPLE FAMILY DWELLING
 4. OTHER-SPECIFY Commercial

Please call 874-8703 with your permit # to schedule inspections!

Plumbing to be Installed by:
 NAME: Steve Carizzo
 1. MASTER PLUMBER
 2. OIL BURNERMAN
 3. MFG'D HOUSING DEALER / MECHANIC
 4. PUBLIC UTILITY EMPLOYEE
 5. PROPERTY OWNER

LICENSE # 157844

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	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"/>	Floor Drain	<input type="checkbox"/>	Shower (separate)
	<input type="checkbox"/>	Urinal	<u>02</u>	Sink
	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Wash Basin
	<input type="checkbox"/>	Indirect Waste	<u>01</u>	Water Closet (Toilet)
	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Clothes Washer
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<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
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
			TOTAL FIXTURES	
<input type="checkbox"/> TRANSFER FEE \$10.00	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture		<input type="checkbox"/>	Fixture Fee
			<u>10.00</u>	Transfer Fee <u>Surcharge</u>
			<input type="checkbox"/>	Hook-Up & Relocation Fee
			<u>50.00</u>	PERMIT FEE (TOTAL)

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