

P

**ICATION** 

| PROPERTY ADD  | RESS                          |   |                                    |                  |  |  |  |
|---|-------------------------------|---|------------------------------------|------------------|--|--|--|
| Street: 188 Mislake S   | Town/City PORTLAND            | -   |                                    | ermit # <u> </u> |  |  |  |
| CBL: 039 = 021  |                               | Date Permit Seved 3 11 / 12 Fee: \$ Double Fee Charged [ ]  |                                    |                  |  |  |  |
| PROPERTY OWNER(S) NAME  |                               | L.P.I. # 360 Local Plumbing Inspector Signature   |                                    |                  |  |  |  |
| PROPERTI OWNER  | (O) IVAIVIE                   | 20001 Tanjonig inspector of   | gride                              |                  |  |  |  |
| NAME: Applicant Name: Br//GeC Mailing Address of 169 October Applicant Owner/Applicant Belgrade Meo(917) Owner/Applicant Statement  |                               | 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 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. |                               | I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.  |                                    |                  |  |  |  |
| 1.41/1. DOLO  |                               | Date Approved (Rough-in)  |                                    |                  |  |  |  |
| Signature of Owner/Applicant  | Date 3/29/12                  | LPI Signature Date Approved (Final)   |                                    |                  |  |  |  |
| •   | PERMIT                        | NFORMATION  |                                    |                  |  |  |  |
| This Application is for   | Type of Struc                 | Type of Structure to be Served  |                                    |                  | Plumbing to be Installed by:                       |  |  |
| 1. NEW PLUMBING   | 1. ☐ SINGLE FAMILY RESIDENCE  |   |                                    | NAME: Byll Gen   |  |  |  |
| 2. RELOCATED PLUMBING   | 2. 🛘 MODULAR OR MOBILE HOME   |   | 1. Master Plumber                  |                  |  |  |  |
| - 1901 1 Per FA   | 3.   MULTIPLE FAMILY DWELLING |   | 2. 🗌 OIL BURNERMAN                 |                  |  |  |  |
| RECEIVED  | 4. □ OTHER-SPECIFY Comm-      |   | 3. MFG'D HOUSING DEALER / MECHANIC |                  |  |  |  |
| MAR 2 8 2012  |                               |   | 4. [                               | ] P              | UBLIC UTILITY EMPLOYEE                             |  |  |
| Dept. of Building Inspections City of Portland Mains  |                               | ;   | 5. PROPERTY OWNER                  |                  |  |  |  |
| ·   |                               |   | LI                                 | ICEì             | NSE# <u>                                      </u> |  |  |
| Hook-Up & Piping Relocation<br>Maximum of 1 Hook-Up   |                               | mn 2<br>Type of Fixture   | No                                 | mbe              | Column 1 Type of Fixture                           |  |  |
| HOOK-UP: to public sewer by   | Hosebib / S                   |   | 1                                  |                  | Bathtub (and Shower)                               |  |  |
| those cases where the connection  | Floor Drain                   |   |                                    |                  | Shower (separate)                                  |  |  |
| is not regulated and inspected by   | /   Urinal                    |   |                                    |                  | Sink   |  |  |
| the local sanitary district.  | Drinking Fo                   | ountain   |                                    | 6                | Wash Basin   |  |  |
|   | Indirect Wa                   | ste   | Ī                                  | 6                | Water Closet (Toilet)                              |  |  |
| HOOK-UP: to an existing subsurface wastewater disposal system   | ·—                            | ment Softener, Filter,Etc.  | ]                                  | <u> </u>         | Clothes Washer                                     |  |  |
|   |                               | il Separator  |                                    |                  | Dish Washer  |  |  |
|   | Roof Drain                    |   |                                    |                  | Garbage Disposal                                   |  |  |
| _  PIPING RELOCATION: of sanitary   | Bidet                         |   |                                    | <u> </u>         | Laundry Tub  |  |  |
| lnes, drains, and piping without new fixtures.  | Other:                        |   |                                    | <u> </u>         | Water Heater                                       |  |  |
|   | <u>    /  </u> Fixtures (Su   | btotal) Column 2  |                                    | <u> </u>         | Fixtures (Subtotal) Column 1                       |  |  |
| OR  |                               | hu fivlura  | L                                  | <u>le</u> l      | TOTAL FIXTURES                                     |  |  |
| Fees by 10<br>  TRANSFER FEE [\$10.00]   First 4 fixtures = \$40 Or<br>  + \$10 Surc  |                               |   |                                    |                  | Fixture Fee<br>Transfer Fee                        |  |  |
|   |                               | I Rev. 08/2011  |                                    | <u></u> I.       | Hook-Up & Relocation Fee                           |  |  |
|   |                               |   |                                    |                  | DEDMIT CCC (TOTAL)                                 |  |  |