



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 184 Anderson St Unit #1

CBL:

PROPERTY OWNER(S) NAME

OWNER NAME: Joe Wojick

Applicant Name: David Kirby

Mailing Address of Owner/Applicant (if Different): 33 Tate Lane Windham, ME

E Mail: Kirbyplumb@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: 5/3/15

Town/City **PORTLAND** Permit # _____

Date Permit Issued / / 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. NEW PLUMBING
2. RELOCATED PLUMBING

Type of Structure to be Served

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

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

Plumbing to be Installed by:

NAME: David Kirby

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D HOUSING DEALER / MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE # | | | | | | | | | |

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 checked="" type="checkbox"/> 3 Floor Drain	<input type="checkbox"/> Shower (separate)
	<input checked="" type="checkbox"/> 2 Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input checked="" type="checkbox"/> 3 Wash Basin
	<input type="checkbox"/> Indirect Waste	<input checked="" type="checkbox"/> 3 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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	5 Fixtures (Subtotal) Column 2	6 Fixtures (Subtotal) Column 1
OR		11 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
		<input type="checkbox"/> Transfer Fee
		<input type="checkbox"/> Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		<u>120⁰⁰</u> PERMIT FEE (TOTAL)



Jeff Levine, AICP, Director
Planning & Urban Development Department

Tammy Munson, Director
Inspections Division

Electronic Signature and Fee Payment Confirmation

Notice: Your electronic signature is considered a legal signature per state law.

By digitally signing the attached document(s), you are signifying your understanding this is a legal document and your electronic signature is considered a **legal signature** per Maine state law. You are also signifying your intent on paying your fees by the opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are **paid in full** to the Inspections Office, City of Portland Maine by method noted below:

Within 24-48 hours, upon receipt of an e-mailed invoice from Building Inspections, which signifies that my electronic permit application and corresponding paperwork have been received, determined complete, entered by an administrative representative, and assigned a permit number, I then have the following payment options:

provide an on-line electronic check or credit/debit card (we accept American Express, Discover, VISA, and MasterCard) payment

hand-deliver a payment method to the Inspections Office, Room 315, Portland City Hall

deliver a payment method through the U.S. Postal Service, at the following address:

City of Portland, Inspections Division
389 Congress Street, Room 315
Portland, Maine 04101

Once my payment has been received, this starts the review process of my permit. I understand that after all approvals have been completed, I will then be issued my permit via e-mail. No work shall be started until I have received my permit.

Applicant Signature: *Dennis King* Date: 5/31/15

I have provided digital copies and sent them on (Date:) _____

NOTE: All electronic paperwork must be delivered to buildinginspections@portlandmaine.gov or by physical means ie; a thumb drive or CD to the office.

ELECTRICAL PERMIT

City of Portland, Maine

To the Electrical Inspector, Portland Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland's Electrical Ordinances, National Electrical Code and the following specifications:



Date: 6-3-15

Permit #: 2015 01247

CBL#: 032 F023

ADDRESS: III CANAL PLAZA

METER MAKE/MODEL #: _____

CMP Work Order #: _____

OWNER: Brown Cow

TENANT: Foreside

PHONE #: _____

PLEASE HAVE YOUR PERMIT # (OR JOB ID) READY & CALL 874-8703 TO SCHEDULE AN INSPECTION! TOTAL EACH FEE

OUTLETS:	<input checked="" type="checkbox"/>	Receptacles		Switches		Smoke Detector	0.20
FIXTURES:		Incandescent	<input checked="" type="checkbox"/>	Flourescent		Strips	0.20
SERVICES:	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	Underground	<input type="checkbox"/>	TTL Amps <800	15.00
					<input type="checkbox"/>	TTL Amps >800	25.00
TEMPORARY SERVICE:		Overhead	<input type="checkbox"/>	Underground		TTL Amps	25.00
METERS:		(Number of)					1.00
MOTORS:		(Number of)					2.00
RESID/COMMER:		Electric Units					1.00
HEATING:		Oil/Gas Units	<input type="checkbox"/>	Interior	<input type="checkbox"/>	Exterior	5.00
APPLIANCES:		Ranges		Cook Tops		Wall Ovens	2.00
		Insta-hot		Water Heaters		Fans	2.00
		Dryers		Disposals		Dishwasher	2.00
		Compactors		Spa		Washing Machine	2.00
		Others (denote)					2.00
MISC. (# of):		Air Cond (Window)					3.00
		Air Cond (Central)				Pools	10.00
		HVAC		EMS		Thermostat	5.00
		Signs					10.00
		Alarms/Resident					5.00
		Alarms/Commer					15.00
		Heavy Duty (CRKT)					2.00
		Alterations					5.00
		Fire Repairs					15.00
		Emergency Lights					1.00
	Emer Generators					20.00	
	Circus/Carnival					25.00	
PANELS:		Service	<input type="checkbox"/>	Remote	<input type="checkbox"/>	Main	4.00
TRANSFORMER:	<input type="checkbox"/>	0-25 Kva					5.00
	<input type="checkbox"/>	25-200 Kva					8.00
	<input type="checkbox"/>	Over 200 Kva					10.00

RECEIVED
JUN 03 2015
Dept. of Building Inspections
City of Portland Maine

CBL :

MINIMUM COMMERCIAL FEE: \$55.00 **MINIMUM RESIDENTIAL FEE: \$45.00**

Brief Description of work: **TOTAL DUE:**

office renovations (mostly new lights)

PLEASE HAVE YOUR PERMIT # (OR JOB ID) READY & CALL 874-8703 TO SCHEDULE AN INSPECTION!

CONTRACTOR INFORMATION:

Contractor Name: Bence Mallick Electrical Contractor LLC Master License #: MTS60019519

Address: 59 Middle St. 2nd Floor Limited License #: _____

Telephone & E Mail: 207-232-0377 bmallick@comcast.net

Contractor Signature: Bence Mallick

PLEASE HAVE YOUR PERMIT # (OR JOB ID) READY & CALL 874-8703 TO SCHEDULE AN INSPECTION!