



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	425 FORE ST
CBL:	032 1041001
PROPERTY OWNER(S) NAME	
OWNER NAME:	COW PLAZA GARAGE LLC
Applicant Name:	THE MJ COMPANY
Mailing Address of Owner/Applicant (if Different)	19 WYNDHAM ST PORTLAND MAINE
E Mail:	kate@growwithmail.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.	
David Dibiasse	10/29/15
Signature of Owner/Applicant	Date

Town/City	PORTLAND	Permit #	201502659
Date Permit Issued	10/30/2015	Fee: \$	210.00
		Double Fee Charged	<input type="checkbox"/>
Local Plumbing Inspector Signature		L.P.I. # 360	
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)	
		10-30-2015	

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING <i>Change plumbing permit over to Richard Stiles</i> MS 2820 RECEIVED APR 21 2017	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 _____ Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: David Dibiasse 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 # 6615
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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	5 <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 type="checkbox"/> Urinal	6 <input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	2 <input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	2 <input type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer
	1 <input type="checkbox"/> Grease / Oil Separator	1 <input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	3 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	9 <input type="checkbox"/> Fixtures (Subtotal) Column 2	11 <input type="checkbox"/> Fixtures (Subtotal) Column 1
		20 <input type="checkbox"/> 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
		210.00 PERMIT FEE (TOTAL)

BP 2015-00735



DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
 OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
 PLUMBERS EXAMINING BOARD
RICHARD S. STILES

MASTER PLUMBER

License Number: MS2820
 Status: Active
 Expiration Date: 01/31/2018
 Licensed By: Other

Mailing Address: 28 PULPIT ROCK RD
 RAYMOND, ME 04071-6560
 Primary Phone: +1 (207) 712-2492

History

License Type	Start Date	End Date
MASTER PLUMBER	03/19/2014	01/31/2018
*** NOT ACTIVE ***	02/01/2014	03/18/2014
MASTER PLUMBER	03/29/2012	01/31/2014
*** NOT ACTIVE ***	02/01/2012	03/28/2012
MASTER PLUMBER	02/09/2008	01/31/2012
*** NOT ACTIVE ***	02/01/2008	02/08/2008
MASTER PLUMBER	02/06/2004	01/31/2008
*** NOT ACTIVE ***	02/01/2004	02/05/2004
MASTER PLUMBER	12/31/1997	01/31/2004
PRIOR HISTORY UNAVAILABLE		

Supervised License (2 records) hide

Name	Issue Date	License Number
JORDAN ALEXANDER SANBORN	02/17/2015	TR90015737
ZACHARY P. SMITH	03/19/2014	TR90010628

License/Disciplinary Action

None.

GENERAL INFORMATION

Gender: Male

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Date: 04/21/2017 08:41:44 AM