



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS		Town/City PORTLAND Permit # _____
Street: _____	CBL: _____	Date Permit Issued ____ / ____ / ____ Fee: \$ _____ Double Fee Charged []
PROPERTY OWNER(S) NAME		L.P.I. # 360
NAME: _____		Local Plumbing Inspector Signature _____
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) _____		
Owner/Applicant Statement		
<p>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.</p> <p>_____ Signature of Owner/Applicant Date _____</p>		<p style="text-align: right;">Date Approved (Rough-in) _____</p> <p style="text-align: center;">LPI Signature Date Approved (Final) _____</p>

PERMIT INFORMATION																																																				
This Application is for	Type of Structure to be Served	Plumbing to be Installed by:																																																		
1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____	NAME: _____ 1. <input 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 #																																																		
Please call 874-8703 with your permit # to schedule inspections!																																																				
Hook-Up & Piping Relocation Maximum of 1 Hook-Up <input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Number</th> <th style="width: 85%;">Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Hosebib / Sillcock</td></tr> <tr><td><input type="checkbox"/></td><td>Floor Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Urinal</td></tr> <tr><td><input type="checkbox"/></td><td>Drinking Fountain</td></tr> <tr><td><input type="checkbox"/></td><td>Indirect Waste</td></tr> <tr><td><input type="checkbox"/></td><td>Water Treatment Softener, Filter, Etc.</td></tr> <tr><td><input type="checkbox"/></td><td>Grease / Oil Separator</td></tr> <tr><td><input type="checkbox"/></td><td>Roof Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Bidet</td></tr> <tr><td><input type="checkbox"/></td><td>Other: _____</td></tr> <tr style="background-color: #e0e0e0;"><td colspan="2" style="text-align: right;">Fixtures (Subtotal) Column 2</td></tr> </tbody> </table>	Number	Type of Fixture	<input type="checkbox"/>	Hosebib / Sillcock	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Grease / Oil Separator	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Other: _____	Fixtures (Subtotal) Column 2		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Number</th> <th style="width: 85%;">Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Bathtub (and Shower)</td></tr> <tr><td><input type="checkbox"/></td><td>Shower (separate)</td></tr> <tr><td><input type="checkbox"/></td><td>Sink</td></tr> <tr><td><input type="checkbox"/></td><td>Wash Basin</td></tr> <tr><td><input type="checkbox"/></td><td>Water Closet (Toilet)</td></tr> <tr><td><input type="checkbox"/></td><td>Clothes Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Dish Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Garbage Disposal</td></tr> <tr><td><input type="checkbox"/></td><td>Laundry Tub</td></tr> <tr><td><input type="checkbox"/></td><td>Water Heater</td></tr> <tr style="background-color: #e0e0e0;"><td colspan="2" style="text-align: right;">Fixtures (Subtotal) Column 1</td></tr> <tr style="background-color: #e0e0e0;"><td colspan="2" style="text-align: right;">TOTAL FIXTURES</td></tr> </tbody> </table>	Number	Type of Fixture	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	Shower (separate)	<input type="checkbox"/>	Sink	<input type="checkbox"/>	Wash Basin	<input type="checkbox"/>	Water Closet (Toilet)	<input type="checkbox"/>	Clothes Washer	<input type="checkbox"/>	Dish Washer	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Laundry Tub	<input type="checkbox"/>	Water Heater	Fixtures (Subtotal) Column 1		TOTAL FIXTURES	
Number	Type of Fixture																																																			
<input type="checkbox"/>	Hosebib / Sillcock																																																			
<input type="checkbox"/>	Floor Drain																																																			
<input type="checkbox"/>	Urinal																																																			
<input type="checkbox"/>	Drinking Fountain																																																			
<input type="checkbox"/>	Indirect Waste																																																			
<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.																																																			
<input type="checkbox"/>	Grease / Oil Separator																																																			
<input type="checkbox"/>	Roof Drain																																																			
<input type="checkbox"/>	Bidet																																																			
<input type="checkbox"/>	Other: _____																																																			
Fixtures (Subtotal) Column 2																																																				
Number	Type of Fixture																																																			
<input type="checkbox"/>	Bathtub (and Shower)																																																			
<input type="checkbox"/>	Shower (separate)																																																			
<input type="checkbox"/>	Sink																																																			
<input type="checkbox"/>	Wash Basin																																																			
<input type="checkbox"/>	Water Closet (Toilet)																																																			
<input type="checkbox"/>	Clothes Washer																																																			
<input type="checkbox"/>	Dish Washer																																																			
<input type="checkbox"/>	Garbage Disposal																																																			
<input type="checkbox"/>	Laundry Tub																																																			
<input type="checkbox"/>	Water Heater																																																			
Fixtures (Subtotal) Column 1																																																				
TOTAL FIXTURES																																																				
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 40%; text-align: center;"> Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge </td> <td style="width: 30%;"></td> </tr> <tr> <td style="text-align: right;">OR</td> <td></td> <td style="text-align: right;">TOTAL FIXTURES</td> </tr> <tr> <td><input type="checkbox"/> TRANSFER FEE [\$10.00]</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Fixture Fee <input type="checkbox"/> Transfer Fee </td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Hook-Up & Relocation Fee </td> </tr> <tr style="background-color: #e0e0e0;"> <td colspan="2" style="text-align: center;">Please call 874-8703 with your permit # to schedule inspections!</td> <td style="text-align: right;">PERMIT FEE (TOTAL)</td> </tr> </table>			Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge		OR		TOTAL FIXTURES	<input type="checkbox"/> TRANSFER FEE [\$10.00]		<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)																																			
	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge																																																			
OR		TOTAL FIXTURES																																																		
<input type="checkbox"/> TRANSFER FEE [\$10.00]		<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)																																																		