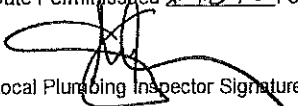


# 11984

## PLUMBING PERMIT APPLICATION

| PROPERTY ADDRESS  |  | TOWN/CITY   |   | PERMIT #  |  |
|---|--|---|---|---|--|
| Street: <u>One City Ctr</u>   |  | TOWN/CITY <u>PORTLAND</u>   |   | Permit # <u>201301496</u>                                   |  |
| CBL: <u>32-L-21</u>   |  | Date Permit Issued <u>2/15/13</u>   |   | Fee: \$ <u>40</u> Double Fee Charged [ ]                    |  |
| PROPERTY OWNER(S) NAME  |  | LOCAL PLUMBING INSPECTOR SIGNATURE  |   | L.P.I. #  |  |
| NAME: <u>City Dali</u>  |  |   |   | L.P.I. # <u>360</u>   |  |
| Applicant Name: <u>Steve Carizzo Plumb Inc</u>  |  |   |   |   |  |
| Mailing Address of Owner/Applicant (If Different) <u>17 Burnham Rd Scarborough ME 04074</u>   |  | 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. |   |   |  |
| Owner/Applicant Statement   |  | 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.  |   |   |  |
| Signature of Owner/Applicant <u>[Signature]</u> Date <u>7/4/13</u>  |  | LPI Signature _____   |   | Date Approved (Rough-in) _____                              |  |
|   |  |   |   | Date Approved (Final) _____                                 |  |
| PERMIT INFORMATION  |  |   |   |   |  |
| This Application is for   |  | Type of Structure to be Served  |   | Plumbing to be Installed by:                                |  |
| 1. <input checked="" type="checkbox"/> NEW PLUMBING   |  | 1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE   |   | NAME: <u>Steve</u>  |  |
| 2. <input type="checkbox"/> RELOCATED PLUMBING  |  | 2. <input type="checkbox"/> MODULAR OR MOBILE HOME  |   | 1. <input checked="" type="checkbox"/> MASTER PLUMBER       |  |
|   |  | 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING  |   | 2. <input type="checkbox"/> OIL BURNERMAN                   |  |
|   |  | 4. <input checked="" type="checkbox"/> OTHER-SPECIFY <u>Commercial</u>  |   | 3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC |  |
|   |  | Please call 874-8703 with your permit # to schedule inspections!  |   | 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE         |  |
|   |  |   |   | 5. <input type="checkbox"/> PROPERTY OWNER                  |  |
|   |  |   |   | LICENSE # <u>7844</u>                                       |  |
| Hook-Up & Piping Relocation<br>Maximum of 1 Hook-Up   |  | Column 2<br>Number Type of Fixture  |   | Column 1<br>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 / Silcock   |   | <input type="checkbox"/> Bathtub (and Shower)         |   |  |
|   | <input type="checkbox"/> Floor Drain   |   | <input type="checkbox"/> Shower (separate)            |   |  |
|   | <input type="checkbox"/> Urinal  |   | <input checked="" type="checkbox"/> Sink              |   |  |
|   | <input type="checkbox"/> Drinking Fountain   |   | <input checked="" type="checkbox"/> Wash Basin        |   |  |
|   | <input type="checkbox"/> Indirect Waste  |   | <input type="checkbox"/> Water Closet (Toilet)        |   |  |
| <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system  | <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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.   | <input type="checkbox"/> Roof Drain  |   | <input type="checkbox"/> Garbage Disposal             |   |  |
|   | <input type="checkbox"/> Bidet   |   | <input type="checkbox"/> Laundry Tub                  |   |  |
|   | <input type="checkbox"/> Other: _____  |   | <input checked="" type="checkbox"/> Water Heater      |   |  |
|   | <input type="checkbox"/> Fixtures (Subtotal) Column 2                              |   | <input type="checkbox"/> Fixtures (Subtotal) Column 1 |   |  |
| OR  |  |   | <input type="checkbox"/> TOTAL FIXTURES               |   |  |
| <input type="checkbox"/> TRANSFER FEE \$10.00   | Fees by fixture:<br>First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge |   | <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)  |   |   |  |