



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	6 City Center
CBL:	032 004001
PROPERTY OWNER(S) NAME	
OWNER NAME:	GCC LLC
Applicant Name:	Caiazza & Sons
Mailing Address of Owner/Applicant (if Different)	700 US RT 1 Scarborough
E Mail:	caiaz258@gmail.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	Date 9/9/16

Town/City **PORTLAND** Permit # **2016-08003**
 Date Permit Issued **9/9/16** Fee: \$ **50.00** Double Fee Charged
 Local Plumbing Inspector Signature _____ L.P.I. # **1081**

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. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING RECEIVED SEP 09 2016 Dept. of Building Inspections City of Portland Maine	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 <u>Commercial</u> Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: Steve 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 # <u>M 57844</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2	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"/> HOOK-UP: to an existing subsurface wastewater disposal system	<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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/>	Grease / Oil Separator
	<input type="checkbox"/>	Roof Drain
	<input type="checkbox"/>	Bidet
	<input type="checkbox"/>	Other: _____
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
OR		TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	40.00 Fixture Fee 10.00 Transfer Fee <i>Surcharge</i> _____ Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		50.00 PERMIT FEE (TOTAL)