



BUDG A  
195 Kennebec St

# PLUMBING PERMIT APPLICATION

<b>PROPERTY ADDRESS</b>		<b>Town/City</b> PORTLAND		<b>Permit #</b> 20502621
Street: 815 Marginal Way Blvd		Date Permit Issued: 10/27/15		Fee: \$ 50 Double Fee Charged <input type="checkbox"/>
CBL: 034 C089		Local Plumbing Inspector Signature L.P.I. # 360		
<b>PROPERTY OWNER(S) NAME</b>				
OWNER NAME: Northland Enterprises				
Applicant Name: Alan R. Thru				
Mailing Address of Owner/Applicant (if Different): 92 Bowdoinham Rd, Sebottus Me 04280		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.		
E Mail: Albillplumber@aol.com				
<b>Owner/Applicant Statement</b>		<b>Caution: Inspection Required</b>		
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		I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application. _____ LPI Signature		
Date: 10-27-15		Date Approved (Final)		

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure to be Served</b> 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 <u>COMMERCIAL</u> <div style="border:1px solid black; padding:5px; text-align:center;"> <b>Please call 874-8703 with your permit # to schedule inspections!</b> </div>	<b>Plumbing to be Installed by:</b> <b>NAME:</b> <u>Alan R. Thru</u> 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>2577</u>																																																
<b>Hook-Up &amp; Piping Relocation</b> Maximum of 1 Hook-Up <input checked="" 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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<table border="1" style="width:100%"> <thead> <tr> <th>Number</th> <th>Column 2 Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Hosebib / Sillcock</td></tr> <tr><td><input checked="" 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 checked="" 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> <td colspan="2"><b>Fixtures (Subtotal) Column 2</b></td> </tr> </tbody> </table>	Number	Column 2 Type of Fixture	<input type="checkbox"/>	Hosebib / Sillcock	<input checked="" 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 checked="" type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Other: _____	<b>Fixtures (Subtotal) Column 2</b>		<table border="1" style="width:100%"> <thead> <tr> <th>Number</th> <th>Column 1 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> <td colspan="2"><b>Fixtures (Subtotal) Column 1</b></td> </tr> </tbody> </table>	Number	Column 1 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	<b>Fixtures (Subtotal) Column 1</b>	
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OR	<b>Fees:</b> \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<b>TOTAL FIXTURES</b> _____ <b>Fixtures Fee</b> _____ <b>Transfer Fee</b> _____ <b>Hook-Up &amp; Relocation Fee</b> _____																																																
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 Dept. of Building Inspections  
 City of Portland Maine