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**PLUMBING PERMIT APPLICATION**

<b>PROPERTY ADDRESS</b>		<b>PROPERTY OWNER(S) NAME</b>	
Street: <u>107 HANOVER ST</u>		OWNER NAME: <u>Kennebec Crossing LLC</u>	
CBL: <u>034 K004001</u>		Applicant Name: <u>PATRICK CORRIGAN</u>	
Mailing Address of Owner/Applicant (if Different): <u>107 HANOVER PT RD 04101</u>		E Mail: <u>patrickcorriganart@gmail.com</u>	
<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.  <u>[Signature]</u> <u>9.7.16</u> Signature of Owner/Applicant Date		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.  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)	
<b>PERMIT INFORMATION</b>			
<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING  <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px 0;">           RECEIVED             SEP 07 2016         </div> Dept. of Building Inspections City of Portland Maine	<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 checked="" type="checkbox"/> OTHER-SPECIFY <u>ART + MUSIC STUDIO</u>  <b>Please call 874-8703 with your permit # to schedule inspections!</b>	<b>Plumbing to be Installed by:</b> NAME: <u>John M. Rully</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>MS61010617911</u>	
<b>Hook-Up &amp; Piping Relocation</b> 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"/> H osebib / Sillcock	<input type="checkbox"/> B athtub (and Shower)	
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)	
<input type="checkbox"/> P IPING RELOCATION: o f sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink	
	<input type="checkbox"/> D rinking Fountain	<input type="checkbox"/> 2 Wash Basin	
	<input type="checkbox"/> I ndirect Waste	<input type="checkbox"/> / Water Closet( Toilet)	
	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> C lothes Washer	
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> D ish Washer	
	<input type="checkbox"/> R oof Drain	<input type="checkbox"/> G arbage Disposal	
	<input type="checkbox"/> Bidet	<input type="checkbox"/> / Laund ry Tub	
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater	
	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> 6 Fixtures (Subtotal) Column 1	
<b>OR</b>		<input type="checkbox"/> 6 TOTAL FIXTURES	
<input type="checkbox"/> TRANSFER FEE (\$10.00)	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	160.00 Fixture Fee 10.00 Transfer Fee <u>Surcharge</u>	
		<input type="checkbox"/> Hook-Up & Relocation Fee	
<b>Please call 874-8703 with your permit # to schedule inspections!</b>		<b>PERMIT FEE (TOTAL)</b>	