



11947

MBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 84 MARGINAL WAY

CBL: 034A (300)

PROPERTY OWNER(S) NAME

NAME: DRUMMOND/WOODSUM OFFICE

Applicant Name: SOUTHERN ME. PUB. UTIL. INC

Mailing Address of Owner/Applicant (If Different): 160 PRESIDENT ST
PORTLAND, ME 04103

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: [Signature] Date: 6/4/13

Town/City PORTLAND Permit # 2013 01136

Date Permit Issued 6/4/13 Fee: \$ 50 Double Fee Charged ()

Local Plumbing Inspector Signature: [Signature] L.P.I. # 360

(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.

Date Approved (Rough-In)

LPI Signature: _____ Date Approved (Final)

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	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>COMM</u>	Plumbing to be Installed by: NAME: <u>LEONARD D. DRAPEAU</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>MS 2288</u>
--	---	---

RECEIVED
JUN 04 2013
City of Portland
Maine
Please call 874-8703 with your permit # to schedule inspections!

	Column 2		Column 1	
	Number	Type of Fixture	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 / Sillcock	<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 type="checkbox"/>	Wash Basin
	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Closet (Toilet)
	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Clothes Washer
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/>	Grease / Oil Separator	<input checked="" type="checkbox"/>	Dish Washer
	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Garbage Disposal
	<input type="checkbox"/>	Blidet	<input type="checkbox"/>	Laundry Tub
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input checked="" type="checkbox"/>	Other: <u>WOP SINK</u>	<input type="checkbox"/>	Water Heater
	<input checked="" type="checkbox"/>	Fixtures (Subtotal) Column 2	<input checked="" type="checkbox"/>	Fixtures (Subtotal) Column 1
OR			<input checked="" type="checkbox"/>	TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE (\$10.00)	Fees by fixture: 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! 50 PERMIT FEE (TOTAL)