

PLUMBING APPLICATION

Maine Dept. Health & Human Services
 Div of Environmental Health, 11 SHS
 (207) 287-5672 Fax: (207) 287-4172

PROPERTY ADDRESS

City, Town, or Plantation: **Portland**
 Street or Road: **565 561 Congress Street**
 Subdivision, Lot #: **037-A098001**

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City: Portland Permit # 2016-02091
 Date Permit Issued: 8/8/16 Fee: \$ 70.00 Double Fee Charged []
 Local Plumbing Inspector Signature: [Signature] L.P.I. # _____

PROPERTY OWNERS NAME

Name (last, first, MI): **Baxter Academy** Owner Applicant
 Mailing Address of Owner/Applicant: **Johnson & Jordan**
18 Mussey Road Scarborough
 Daytime Tel. #: **883-8345**

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 Internal Plumbing Rules.

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

OWNER OR APPLICANT STATEMENT
 I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.
CHRISTOPHER VORON 8/8/16
 Signature of Owner or Applicant Date

Local Plumbing Inspector Signature: _____ Date Approved (Rough-In): _____
 Date Approved (Final): _____

PERMIT INFORMATION

This Application Is For 1. <input checked="" type="checkbox"/> NEW PLUMBING INSTALLATION 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____	Plumbing To Be Installed By 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 3. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 4. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>02460</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR <input type="checkbox"/> HOOK UP: to an existing subsurface wastewater disposal system		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures	0, 1	Urinal	0, 3	Sink
		Drinking Fountain		Wash Basin
RECEIVED AUG 08 2016 Dept. of Building Inspections City of Portland Maine <input type="checkbox"/> TRANSFER FEE (\$10.00)		Indirect Waste	0, 2	Water Closet (Toilet)
		Waste Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			06	Fixtures (Subtotal) Column 2
				Total Fixtures
			60.00	Fixture Fee
			10.00	Transfer Fee
				Hook-Up & Relocation Fee
			70.00	Permit Fee (Total)

CITY OF PORTLAND
DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
 389 Congress Street
 Portland, Maine 04101

PLUMBING PERMIT RECEIPT

Application No: 2016-02091	Applicant: PACHIOS BROTHERS I LLC & LA
Project Desc: Six (6) Plumbing Fixtures	Location: 565 CONGRESS ST
CBL: 037 A038001	Plumber: JOHNSON & JORDAN, INC.
Invoice Date: 08/08/2016	License #: MS2460

Previous Balance	-	Payment Received	+	Current Fees	-	Current Payment	=	Total Due	
\$0.00		\$0.00		\$70.00		\$70.00		\$0.00	Payment Due Date On Receipt

Previous Balance **\$0.00**

Fee Description	Qty	Fee
Minimum Fee	1	\$60.00
Surcharge	1	\$10.00
Urinal	2	\$20.00
Urinal	1	\$10.00
Sink	3	\$30.00
		\$70.00

Total Current Payments: - **\$70.00**
Minimum Amount Due Now: **\$0.00**

CBL: 037 A038001 **Application No:** 2016-02091
Bill to: PACHIOS BROTHERS I LLC & LACONIA LLC
 167 PERRY ST 5D
 NEW YORK, NY 10014

Invoice Date: 08/08/2016
Invoice No: 59233
Total Amt Due: \$0.00
Payment Amount: \$70.00