

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS	
Town or Plantation	Portland
Street	157 High STREET
Subdivision Lot #	
PROPERTY OWNERS NAME	
Last	Portland Hotel Assoc. Inc
First	
Applicant Name:	CA80N & WALTZ
Mailing Address of Owner/Applicant (If Different)	321 Lincoln St. So. Portland 04106

PORTLAND

PERMIT # 11566 APPLICANTS COPY

Date Permit Issued: 2 25 11 \$ 130 FEE ☐ Double Fee Charged

L.P.I. # 11081

Local Plumbing Inspector Signature

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

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 Inspectors to deny a Permit.

Chris Bevilacqua

Signature of Owner/Applicant

Date

Caution: Inspection Required

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

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for

- ☒ NEW PLUMBING
- ☒ RELOCATED PLUMBING

Type of Structure To Be Served:

- ☐ SINGLE FAMILY DWELLING
- ☐ MODULAR OR MOBILE HOME
- ☐ MULTIPLE FAMILY DWELLING
- ☐ OTHER - SPECIFY Hotel

Plumbing To Be Installed By:

- ☒ MASTER PLUMBER
- ☐ OIL BURNERMAN
- ☐ MFG'D. HOUSING DEALER/MECHANIC
- ☐ PUBLIC UTILITY EMPLOYEE
- ☐ PROPERTY OWNER

LICENSE # 5624

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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 checked="" type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal		Sink
		Drinking Fountain		Wash Basin
OR <input type="checkbox"/> TRANSFER FEE \$6.00	2	Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

CITY OF PORTLAND, ME
INSPECTION DIVISION
389 CONGRESS ST
ROOM 315
PORTLAND, ME 04101
(207)874-8701

Merchant ID: 161000146545
Term ID: 001

Ref H: 001

Phone Order

XXXXXXXXXXXX9612

VISA

Entry Method: Manual

02/25/11

13:58:28

Inv #: 000001

Appr Code: 100452

Apprvd: Online

Batch#: 000181

V-Code: M

Total: \$ 40.00

I agree to pay above total amount
according to card issuer agreement
(Merchant agreement if credit voucher)

X Phone order

Merchant Copy
THANK YOU!

CBL: CC

Check #:

CC

Total Collected

40

No work is to be started until permit issued.

Please keep original receipt for you records.

Taken by:

Y. J. O.

PORTLAND, MAINE of Building Inspections ginal Receipt

225 20 11

acid My set -

157 High St

Building Fee \$

Site Fee \$

tificate of Occupancy Fee \$

Total: 40

2 Electrical (I2) Site Plan (U2)
