



# PLUMBING PERMIT APPLICATION

<b>PROPERTY ADDRESS</b>		Year/City <b>PORTLAND</b> Permit # <b>2016-02079</b>	
Street: <b>585 Congress Street #3</b>		Date Permit Issued <b>8/5/16</b> Fee: \$ <b>80.00</b> Double Fee Charged <input type="checkbox"/>	
CBL: <b>037 E002 003</b>		Local Plumbing Inspector Signature _____ L.P.I. # <b>1081</b>	
<b>PROPERTY OWNER(S) NAME</b>			
OWNER NAME: <b>Flea For All, Sam Marcisso</b>			
Applicant Name: <b>Pine State Services</b>			
Mailing Address of Owner/Applicant (if Different) <b>3 Eisenhower Drive Westbrook 04092</b>			
E Mail: <b>info@pinesstateservices.com</b>			
<b>Owner/Applicant Statement</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 _____		Date <b>8/5/2016</b>	
		LPI Signature _____ Date Approved (Final) _____	

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.

## PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p> <p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;"><b>AUG 05 2016</b></p> <p>Dept. of Building Inspections City of Portland Maine</p>	<p>Type of Structure to be Served</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER-SPECIFY <u>Commercial</u></p> <p style="text-align: center;"><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>	<p>Plumbing to be installed by:</p> <p>NAME: <u>Sam Marcisso</u></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>MS 2501</u></p>																																																				
	<p>Hook-Up &amp; Piping Relocation Maximum of 1 Hook-Up</p> <p><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.</p> <p><input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system</p> <p><input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> TRANSFER FEE (\$10.00)</p>	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 2 Type of Fixture</th> <th>Number</th> <th>Column 1 Type of Fixture</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Hosebib / Silcock</td> <td><input type="checkbox"/></td> <td>Bathtub (and Shower)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Shower (separate)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td>1 Sink</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Drinking Fountain</td> <td><input type="checkbox"/></td> <td>2 Wash Basin</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Indirect Waste</td> <td><input type="checkbox"/></td> <td>2 Water Closet (Toilet)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Water Treatment Softener, Filter, Etc.</td> <td><input type="checkbox"/></td> <td>Clothes Washer</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Grease / Oil Separator</td> <td><input type="checkbox"/></td> <td>1 Dish Washer</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Roof Drain</td> <td><input type="checkbox"/></td> <td>Garbage Disposal</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Bidet</td> <td><input type="checkbox"/></td> <td>Laundry Tub</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other:</td> <td><input type="checkbox"/></td> <td>1 Water Heater</td> </tr> <tr> <td><input type="checkbox"/></td> <td><b>Fixtures (Subtotal) Column 2</b></td> <td><input type="checkbox"/></td> <td><b>7 Fixtures (Subtotal) Column 1</b></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td><b>7 TOTAL FIXTURES</b></td> </tr> </tbody> </table> <p style="text-align: center;">Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture</p>	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture	<input type="checkbox"/>	Hosebib / Silcock	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Shower (separate)	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	1 Sink	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	2 Wash Basin	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	2 Water Closet (Toilet)	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Clothes Washer	<input type="checkbox"/>	Grease / Oil Separator	<input type="checkbox"/>	1 Dish Washer	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Laundry Tub	<input type="checkbox"/>	Other:	<input type="checkbox"/>	1 Water Heater	<input type="checkbox"/>	<b>Fixtures (Subtotal) Column 2</b>	<input type="checkbox"/>	<b>7 Fixtures (Subtotal) Column 1</b>	<input type="checkbox"/>		<input type="checkbox"/>	<b>7 TOTAL FIXTURES</b>
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