



2nd Floor

PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 562 Congress
CBL: 037 5014

Town/City PORTLAND Permit # 201247188

Date Permit Issued 8/17/12 Fee: \$ 50 Double Fee Charged

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

PROPERTY OWNER(S) NAME

NAME: Sprinkler Trust
Applicant Name: Steve Carizzo Plumbing Inc
Mailing Address of Owner/Applicant (if Different) 17 Burnham Rd Scarborough, ME 04074
Owner/Applicant Statement

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 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.

Caution: Inspection Required

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

Signature of Owner/Applicant [Signature] Date 8/17/12

Date Approved (Rough-in)

LPI Signature _____ Date Approved (Final)

PERMIT INFORMATION

This Application is for
1. NEW PLUMBING
2. RELOCATED PLUMBING

RECEIVED
AUG 17 2012
Dept. of Building Inspections
City of Portland Maine

Type of Structure to be Served
1. SINGLE FAMILY RESIDENCE
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER-SPECIFY Commercial

Please call 874-8703 with your permit # to schedule inspections!

Plumbing to be Installed by:
NAME: Steve Carizzo
1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D HOUSING DEALER / MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER
LICENSE # 7844

| Hook-Up & Piping Relocation Maximum of 1 Hr | Column 2 Number Type of Fixture | Column 1 Number Type of Fixture |
|---|---|---|
| <input type="checkbox"/> HOOK-UP: to pub ^l | <input type="checkbox"/> Hosebib / Sillcock | <input type="checkbox"/> Bathtub (and Shower) |
| those cases where the is not regulated and the local sanit ^r | <input checked="" type="checkbox"/> 1 Floor Drain | <input type="checkbox"/> Shower (separate) |
| | <input type="checkbox"/> Urinal | <input checked="" type="checkbox"/> 1 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"/> H ^r waster ^r surface | <input type="checkbox"/> Water Treatment Softener, Filter, Etc. | <input type="checkbox"/> Clothes Washer |
| | <input type="checkbox"/> Grease / Oil Separator | <input type="checkbox"/> 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"/> Water Heater |
| | <input checked="" type="checkbox"/> 1 Fixtures (Subtotal) Column 2 | <input checked="" type="checkbox"/> 1 Fixtures (Subtotal) Column 1 |
| OR | | <input checked="" type="checkbox"/> 2 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! | | <u>50</u> PERMIT FEE (TOTAL) |