



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 59 Pleasant St

CBL: 039-F012001

PROPERTY OWNER(S) NAME

OWNER NAME: Schery LLC / Artissima

Applicant Name: Caigzzo & Son's Plumbing Inc

Mailing Address of Owner/Applicant (if Different): 700 US Rt 1, Scarborough, ME 04074

E Mail: sc0192258@gmail.com

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: _____

Town/City PORTLAND Permit # 2017-07008

Date Permit Issued 01/10/17 Fee: \$ 80.00 Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 1081

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.

LPI Signature: _____ Date Approved (Final): _____

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>RECEIVED</p> <p>JAN 10 2017</p> <p>Dept. of Building Inspections City of Portland Maine</p>	<p>Type of Structure to be Served</p> <p>1. <input 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>Please call 874-8703 with your permit # to schedule inspections!</p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>Steve</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 <u>7844</u></p> <p>LICENSE # <u>7788</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 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"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> 2 Sink
	<input type="checkbox"/> Drinking Fountain	<input checked="" type="checkbox"/> 1 Wash Basin
	<input checked="" type="checkbox"/> 2 Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer
	<input checked="" type="checkbox"/> 1 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"/> 3 Fixtures (Subtotal) Column 2	<input checked="" type="checkbox"/> 4 Fixtures (Subtotal) Column 1
OR		<input checked="" type="checkbox"/> 7 TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE \$[10.00]	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<u>20.00</u> Fixture Fee <u>10.00</u> Transfer-Fee-Surcharge
		<input type="checkbox"/> Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		<u>80.00</u> PERMIT FEE (TOTAL)

TRANSACTION SUMMARY

TRANSACTION TYPE: SALE

PAYMENT ITEM	REFERENCE NUMBER	AMOUNT
NPS Convenience Fee		\$3.00
Plumbing Permit	2017-07008	\$80.00
TOTAL:		\$83.00

CITY OF PORTLAND TREASURY
 389 Congress Street
 Portland, ME 04101
 207-874-8853

Stephen Caiazzo

Transaction Number:	2584989
Date Processed:	01/10/2017 11:11:24 EST
Transaction Type:	Credit Card
MASTERCARD - Key Entered	CardNumber: *****7640
Authorization:	01089J
Reference Number:	00591556
Plumbing Permit	\$80.00
Total:	\$80.00

I agree to pay above total amount according to the card issuer agreement.

Signature: _____

Thank You
MUNICIPAL SERVICE FEE CITY OF PORTLAND
 22 Free Street
 Portland, ME 04101
 877-590-5097

Stephen Caiazzo

Transaction Number:	2584989
Date Processed:	01/10/2017 11:11:24 EST
Transaction Type:	Credit Card
MASTERCARD - Key Entered	CardNumber: *****7640
Authorization:	01090J
Reference Number:	00591557
Convenience Fee	\$3.00
Total:	\$3.00

I agree to pay above total amount according to the card issuer agreement & understand this non-refundable convenience fee will be charged to allow my payment via credit card.

Signature: _____

Thank You
 Printed: 01/10/2017 11:11:27

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

PLUMBING PERMIT RECEIPT

Application No: 2017-07008	Applicant: BAKERY LIMITED LIABILITY CO
Project Desc: Seven (7) Plumbing Fixtures	Location: 59 PLEASANT ST
CBL: 039 F013001	Plumber: STEPHEN J. CAIAZZO
Invoice Date: 01/10/2017	License #: MS7844

Previous Balance	-	Payment Received	+	Current Fees	-	Current Payment	=	Total Due	Payment Due Date
\$0.00		\$0.00		\$80.00		\$80.00		\$0.00	On Receipt

Previous Balance

\$0.00

Fee Description	Qty	Fee
Plumbing Permit Fee	1	\$70.00
Surcharge	1	\$10.00
Wash Basin	1	\$10.00
Sink	2	\$20.00
Indirect Waste	2	\$20.00
Grease / Oil Separator	1	\$10.00
Dish Washer	1	\$10.00
		\$80.00

Total Current Payments: - \$80.00

Minimum Amount Due Now: \$0.00

CBL: 039 F013001 **Application No:** 2017-07008
Bill to: BAKERY LIMITED LIABILITY CO
 61 PLEASANT ST
 PORTLAND, ME 04101

Invoice Date: 01/10/2017
Invoice No: 65175
Total Amt Due: \$0.00
Payment Amount: \$80.00

Make checks payable to the *City of Portland*, ATTN: Inspections, 3rd Floor, 389 Congress Street, Portland, ME 04101.