



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 133 SPRING ST

CBL: 39429

PROPERTY OWNER(S) NAME

NAME: CECILE STADLER

Applicant Name: DAN BURICE

Mailing Address of Owner/Applicant (if Different) 16 PARSONAGE RD NO. YARMOUTH 04097

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] 11/11/14
Signature of Owner/Applicant Date

Town/City PORTLAND

Permit # 2614-00044

Date Permit Issued 11/9/13 Fee: \$ 160 Double Fee Charged []

Local Plumbing Inspector Signature [Signature]

L.P.I. # 360

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.

Date Approved (Rough-in)

LPI Signature

Date Approved (Final)

PERMIT INFORMATION

This Application is for

- 1 NEW PLUMBING
2 RELOCATED PLUMBING

Type of Structure to be Served

- 1 SINGLE FAMILY RESIDENCE
2 MODULAR OR MOBILE HOME
3 MULTIPLE FAMILY DWELLING
4 OTHER-SPECIFY REST. & APPT

Plumbing to be Installed by:

- NAME: DAN
- 1 MASTER PLUMBER
2 OIL BURNERMAN
3 MFG'D HOUSING DEALER / MECHANIC
4 PUBLIC UTILITY EMPLOYEE
5 PROPERTY OWNER
- LICENSE # 2533

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

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.

HOOK-UP: to an existing subsurface wastewater disposal system

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE [\$10.00]

Column 2

Number Type of Fixture

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | Hosebib / Silcock |
| <input checked="" type="checkbox"/> | Floor Drain |
| <input type="checkbox"/> | Urinal |
| <input type="checkbox"/> | Drinking Fountain |
| <input checked="" type="checkbox"/> | Indirect Waste |
| <input type="checkbox"/> | Water Treatment Softener, Filter, Etc. |
| <input checked="" type="checkbox"/> | Grease / Oil Separator |
| <input type="checkbox"/> | Roof Drain |
| <input type="checkbox"/> | Bidet |
| <input type="checkbox"/> | Other: |
| <input checked="" type="checkbox"/> | Fixtures (Subtotal) Column 2 |

Column 1

Number Type of Fixture

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | Bathtub (and Shower) |
| <input checked="" type="checkbox"/> | Shower (separate) |
| <input checked="" type="checkbox"/> | Sink |
| <input checked="" type="checkbox"/> | Wash Basin |
| <input checked="" type="checkbox"/> | Water Closet (Toilet) |
| <input type="checkbox"/> | Clothes Washer |
| <input type="checkbox"/> | Dish Washer |
| <input checked="" type="checkbox"/> | Garbage Disposal |
| <input type="checkbox"/> | Laundry Tub |
| <input type="checkbox"/> | Water Heater |
| <input checked="" type="checkbox"/> | Fixtures (Subtotal) Column 1 |
| <input checked="" type="checkbox"/> | TOTAL FIXTURES |

Fees by fixture:

First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge

Fixture Fee
 Transfer Fee

Hook-Up & Relocation Fee

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PERMIT FEE (TOTAL)