



# PLUMBING PERMIT APPLICATION

## PROPERTY ADDRESS

Street: 140 PARK ST Portland

CBL: 045 ADD ON

## PROPERTY OWNER(S) NAME

OWNER NAME:

ROSA TRUE Apt.

Applicant Name:

PHL Plum + Heating

Mailing Address of

Owner/Applicant

(if Different)

Czelow Skowron  
22 Drake str. Portland ME  
04103

E Mail:

## 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.

Czelow Skowron 2-10-16

Signature of Owner/Applicant

Date

Town/City PORTLAND

Permit # 201600325

Date Permit Issued 2/10/16 Fee: \$ 110 Double Fee Charged [ ]

Local Plumbing Inspector 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.

LPI Signature

Date Approved

(Final)

## PERMIT INFORMATION

### This Application is for

1. ☒ NEW PLUMBING
2. ☐ RELOCATED PLUMBING

**RECEIVED**  
**FEB 10 2016**  
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 \_\_\_\_\_

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

### Plumbing to be Installed by:

NAME: Czelow Skowron

1. ☒ MASTER PLUMBER
2. ☐ OIL BURNERMAN
3. ☐ MFG'D HOUSING DEALER / MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # 151901008994

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

### Fees:

\$10 Surcharge + First 4 fixtures = \$50 Minimum  
Over 4 = \$10 Surcharge + \$10/fixture

### Column 1

Number Type of Fixture

- |                          |                          |                                        |
|--------------------------|--------------------------|----------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Bathtub (and Shower)                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Shower (separate)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Sink                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Wash Basin                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Water Closet (Toilet)                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Clothes Washer                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Dish Washer                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Garbage Disposal                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Laundry Tub                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Water Heater                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Fixtures (Subtotal) Column 1 <u>18</u> |

**TOTAL FIXTURES**

Fixture Fee  
Transfer Fee

Hook-Up & Relocation Fee

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

PERMIT FEE (TOTAL)