



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	143 Spring Street
CBL:	
PROPERTY OWNER(S) NAME	
NAME:	Sam + Bethany Mateosian
Applicant Name:	Sheldon Goldman
Mailing Address of Owner/Applicant (if Different)	31 Peary Terrace SP ME 04106
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.	
Sheldon Goldman	08/28/13
Signature of Owner/Applicant	Date

Town/City	PORTLAND	Permit #	
Date Permit Issued	/ /	Fee: \$	Double Fee Charged []
		L.P.I. #	360
Local Plumbing Inspector Signature			
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 <input checked="" type="checkbox"/> NEW PLUMBING 2 <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served 1 <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2 <input type="checkbox"/> MODULAR OR MOBILE HOME 3 <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4 <input type="checkbox"/> OTHER-SPECIFY _____ Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: Sheldon Goldman 1 <input checked="" type="checkbox"/> MASTER PLUMBER 2 <input type="checkbox"/> OIL BURNERMAN 3 <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC 4 <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5 <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>M.S. 2362</u>																																																	
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