



1639

PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS		Town/City PORTLAND		Permit # <u>2014-01078</u>
Street: <u>117 State St.</u>	CBL: <u>45-8-30</u>	Date Permit Issued: <u>5/20/14</u>	Fee: \$ <u>40</u>	Double Fee Charged []
PROPERTY OWNER(S) NAME		Local Plumbing Inspector Signature		L.P.I. # <u>360</u>
NAME: <u>Betsy Mayberry</u>	Applicant Name: <u>Bob Walden</u>	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.		
Mailing Address of Owner/Applicant (if Different): <u>10 Jordan Ave S. Portland</u>	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.		Caution: Inspection Required		
Signature of Owner/Applicant: <u>[Signature]</u> Date: <u>5/20/14</u>		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 <input checked="" type="checkbox"/> NEW PLUMBING <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER-SPECIFY _____	Plumbing to be Installed by: NAME: <u>[Signature]</u> <input checked="" type="checkbox"/> MASTER PLUMBER <input type="checkbox"/> OIL BURNERMAN <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>2161</u>																																																								
<input type="checkbox"/> HOOK-UP & Piping Relocation Maximum of 1 Hook-Up <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"/> HOOK-UP: to an existing subsurface wastewater disposal system <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 2 Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Hosebib / Sillcock</td></tr> <tr><td><input type="checkbox"/></td><td>Floor Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Urinal</td></tr> <tr><td><input type="checkbox"/></td><td>Drinking Fountain</td></tr> <tr><td><input type="checkbox"/></td><td>Indirect Waste</td></tr> <tr><td><input type="checkbox"/></td><td>Water Treatment Softener, Filter, Etc.</td></tr> <tr><td><input type="checkbox"/></td><td>Grease / Oil Separator</td></tr> <tr><td><input type="checkbox"/></td><td>Roof Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Bidet</td></tr> <tr><td><input type="checkbox"/></td><td>Other: _____</td></tr> <tr><td><input type="checkbox"/></td><td>Fixtures (Subtotal) Column 2</td></tr> </tbody> </table>	Number	Column 2 Type of Fixture	<input type="checkbox"/>	Hosebib / Sillcock	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Grease / Oil Separator	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Fixtures (Subtotal) Column 2	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 1 Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Bathtub (and Shower)</td></tr> <tr><td><input type="checkbox"/></td><td>Shower (separate)</td></tr> <tr><td><input type="checkbox"/></td><td>Sink</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Wash Basin</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Water Closet (Toilet)</td></tr> <tr><td><input type="checkbox"/></td><td>Clothes Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Dish Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Garbage Disposal</td></tr> <tr><td><input type="checkbox"/></td><td>Laundry Tub</td></tr> <tr><td><input type="checkbox"/></td><td>Water Heater</td></tr> <tr><td><input type="checkbox"/></td><td>Fixtures (Subtotal) Column 1</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>TOTAL FIXTURES</td></tr> <tr><td><input type="checkbox"/></td><td>Fixture Fee</td></tr> <tr><td><input type="checkbox"/></td><td>Transfer Fee</td></tr> <tr><td><input type="checkbox"/></td><td>Hook-Up & Relocation Fee</td></tr> </tbody> </table>	Number	Column 1 Type of Fixture	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	Shower (separate)	<input 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 type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Laundry Tub	<input type="checkbox"/>	Water Heater	<input type="checkbox"/>	Fixtures (Subtotal) Column 1	<input checked="" type="checkbox"/>	TOTAL FIXTURES	<input type="checkbox"/>	Fixture Fee	<input type="checkbox"/>	Transfer Fee	<input type="checkbox"/>	Hook-Up & Relocation Fee
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Please call 874-8703 with your permit # to schedule inspections!																																																										