

## PLUMBING PERMIT APPLICATION

| PROPERTY ADDF  | RESS  |   |   |                           |
|--|---|---|---|---------------------------|
| Street: 11 Mellen Street, 3rd Floor  |   | Town/City <b>PORTLAND</b>   | Permit #  |                           |
| CBL:   |   | Date Permit Issued / /  | Fee: \$   | Double Fee Charged        |
| PROPERTY OWNER(  | S) NAME   | 1   |   | L.P.I. # <b>360</b>       |
| OWNER NAME: John Olson   |   | L.P.I. # 300<br>Local Plumbing Inspector Signature  |   |                           |
| Applicant Name: Mainely Plumbing & Heating Inc.  |   | 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 674 Main Street, Gorham,ME 04038 (if Different)   |   |   |   |                           |
| E Mail: jim@mainelyplumbing.com  |   |   |   |                           |
| Owner/Applicant Statement  |   | Caution: Inspection Required  I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.  |   |                           |
| 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.  |   |   |   |                           |
| Cathy Rothrock    Date general for himseld processing and processi |   | I DI Cimpatura  |   | Deta Assessed             |
| Signature of Owner/Applicant   | Date _  | LPI Signature   |   | Date Approved<br>(Final)  |
|  | DEDMIT  | NEODMATION  |   | (i mai)                   |
|  | PERIMITI  | NFORMATION  | Plumbi  | ng to be Installed by:    |
| This Application is for  | Type of Structure to be Served  1. SINGLE FAMILY RESIDENCE  |   |   | ,                         |
| 1. NEW PLUMBING  |   |   | NAME: James R   |                           |
| 2. RELOCATED PLUMBING  |   |   |   | nelyplumbing.com          |
| Z.   RELOCATED FLOMBING  | 2. MODULAR OR MOBILE HOME   |   | 1. MASTER PLUMBER   |                           |
|  | 3. MULTIPLE FAMILY DWELLING  4. OTHER-SPECIFY  Please call 874-8703 with your permit # to schedule inspections! |   | 2. OIL BURNERMAN  3. MFG'D HOUSING DEALER / MECHANIC  4. PUBLIC UTILITY EMPLOYEE  5. PROPERTY OWNER  LICENSE # MS2401 |                           |
|  |   |   |   |                           |
|  |   |   |   |                           |
|  |   |   |   |                           |
|  |   |   |   |                           |
|  |   |   |   |                           |
| Hook-Up & Piping Relocation<br>Maximum of 1 Hook-Up  | Col<br>Number   | lumn 2<br>Type of Fixture   | Number  | Column 1  Type of Fixture |
| •  | Hosebib /   |   |   | tub (and Shower)          |
| HOOK-UP: to public sewer by  | Floor Drain   |   | Shov  | ver (separate)            |
| those cases where the  | Urinal  |   | Sink  | ·                         |
| connection is not regulated  | Drinking Fountain   |   | Wasl  | n Basin                   |
| and inspected by the local   | Indirect Waste  |   | Wate  | er Closet (Toilet)        |
| sanitary district.  HOOK-UP: to an existing subsurface wastewater disposal system  | Water Trea  | atment Softener, Filter,Etc.  | 1   Cloth   | es Washer                 |
|  | Grease / Oil Separator  |   | Dish  | Washer                    |
|  | Roof Drair  | •   | Garb  | age Disposal              |
| ☐ PIPING RELOCATION: of sanitary   | Bidet   |   | Laundry Tub   |                           |
| lines, drains, and piping without new fixtures.  |   |   |   | r Heater                  |
|  | Fixtures (S   | ubtotal) Column 2   | Fixtur  | es (Subtotal) Column 1    |
| OR   |   |   |   | TOTAL FIXTURES            |
|  |   | by fixture: \$40 Over 4 = \$10/per   Fixture Fee Transfer Fee   |   |                           |
|  |   | fixture   | l Ho  | ok-Up & Relocation Fee    |
| Please call 874-8703 with your   | normit # to schod   | ula increational  | 40.00   | PERMIT FEE (TOTAL)        |