



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	271 Park Ave
CBL:	
PROPERTY OWNER(S) NAME	
OWNER NAME:	Portland Seadogs
Applicant Name:	Jim Godbout Plumbing & Heating
Mailing Address of Owner/Applicant (if Different)	P.O. Box 365, 48 Elm St. Biddeford, Maine 04005
E Mail:	Karen@jimgodbout.com
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 of Owner/Applicant	Date: 2-2-16

Town/City	PORTLAND	Permit #	_____
Date Permit Issued	2 / 2 / 16	Fee: \$	_____ Double Fee Charged <input type="checkbox"/>
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. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING <i>Replacement Fixtures only</i>	Type of Structure to be Served 1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER-SPECIFY _____ Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: <u>Jim Godbout</u> 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>05993</u>																																																		
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 checked="" type="checkbox"/></td><td>Other: <u>ICE MACHINES</u></td></tr> <tr><td><input checked="" 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 checked="" type="checkbox"/>	Other: <u>ICE MACHINES</u>	<input checked="" 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 checked="" type="checkbox"/></td><td>Sink</td></tr> <tr><td><input type="checkbox"/></td><td>Wash Basin</td></tr> <tr><td><input 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 checked="" type="checkbox"/></td><td>Laundry Tub / <u>MOP SINKS</u></td></tr> <tr><td><input type="checkbox"/></td><td>Water Heater</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Fixtures (Subtotal) Column 1</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>TOTAL FIXTURES</td></tr> </tbody> </table>	Number	Column 1 Type of Fixture	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	Shower (separate)	<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	Wash Basin	<input type="checkbox"/>	Water Closet (Toilet)	<input type="checkbox"/>	Clothes Washer	<input type="checkbox"/>	Dish Washer	<input type="checkbox"/>	Garbage Disposal	<input checked="" type="checkbox"/>	Laundry Tub / <u>MOP SINKS</u>	<input type="checkbox"/>	Water Heater	<input checked="" type="checkbox"/>	Fixtures (Subtotal) Column 1	<input checked="" type="checkbox"/>	TOTAL FIXTURES
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OR	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<input checked="" type="checkbox"/> 10 ⁰⁰ Fixture Fee <input type="checkbox"/> Transfer Fee <input type="checkbox"/> Hook-Up & Relocation Fee																																																		
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Jeff Levine, AICP, Director
Planning & Urban Development Department

Tammy Munson, Director
Inspections Division

Electronic Signature and Fee Payment Confirmation

Notice: Your electronic signature is considered a legal signature per state law.

By digitally signing the attached document(s), you are signifying your understanding this is a legal document and your electronic signature is considered a **legal signature** per Maine state law. You are also signifying your intent on paying your fees by the opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are **paid in full** to the Inspections Office, City of Portland Maine by method noted below:

Within 24-48 hours, upon receipt of an e-mailed invoice from Building Inspections, which signifies that my electronic permit application and corresponding paperwork have been received, determined complete, entered by an administrative representative, and assigned a permit number, I then have the following payment options:

provide an on-line electronic check or credit/debit card (we accept American Express, Discover, VISA, and MasterCard) payment

hand-deliver a payment method to the Inspections Office, Room 315, Portland City Hall

deliver a payment method through the U.S. Postal Service, at the following address:

City of Portland, Inspections Division
389 Congress Street, Room 315
Portland, Maine 04101

Once my payment has been received, this starts the review process of my permit. I understand that after all approvals have been completed, I will then be issued my permit via e-mail. No work shall be started until I have received my permit.

Applicant Signature: _____

Date: 2-2-16

I have provided digital copies and sent them on (Date:) _____

NOTE: All electronic paperwork must be delivered to buildinginspections@portlandmaine.gov or by physical means ie; a thumb drive or CD to the office.