



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS		PROPERTY OWNER(S) NAME	
Street: <u>31 Cushman St</u>		OWNER NAME: <u>Steven Biel, Emily Fyodor</u>	
CBL:		Applicant Name: <u>Corey Tapley</u>	
Mailing Address of Owner/Applicant (if Different): <u>PO Box 286 Biddeford ME</u>		E Mail: <u>Anotherplumberco@hotmail.com</u>	
Owner/Applicant Statement		Caution: Inspection Required	
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. <u>[Signature]</u> <u>12-13-16</u> Signature of Owner/Applicant Date		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. I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application. <u>[Signature]</u> <u>12/13/16</u> LPI Signature Date Approved (Final)	
Town/City <u>PORTLAND</u> Permit # <u>2016-08137</u>		Date Permit Issued <u>12/13/16</u> Fee: \$ <u>100</u> Double Fee Charged <input type="checkbox"/>	
		L.P.I. # <u>1081</u>	

PERMIT INFORMATION			
This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING <div style="text-align: center;"> RECEIVED DEC 13 2016 Dept. of Building Inspections City of Portland Maine </div>	Type of Structure to be Served 1. <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____ <div style="background-color: #f0f0f0; padding: 5px; text-align: center;"> Please call 874-8703 with your permit # to schedule inspections! </div>	Plumbing to be Installed by: NAME: <u>Corey Tapley</u> 1. <input 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>9101011217191711</u>	
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture	
<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"/> Hosebib / Sillcock	<input checked="" type="checkbox"/> Bathtub (and Shower)	
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Shower (separate)	
	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Sink	
	<input type="checkbox"/> Drinking Fountain	<input checked="" type="checkbox"/> Wash Basin	
	<input type="checkbox"/> Indirect Waste	<input checked="" type="checkbox"/> Water Closet (Toilet)	
	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input checked="" type="checkbox"/> Clothes Washer	
	<input type="checkbox"/> Grease / Oil Separator	<input checked="" type="checkbox"/> Dish Washer	
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal	
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub	
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater	
OR	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1	
<input type="checkbox"/> TRANSFER FEE \$10.00	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	TOTAL FIXTURES	
		<input type="checkbox"/> Fixture Fee <input type="checkbox"/> Transfer Fee <input type="checkbox"/> Hook-Up & Relocation Fee	
Please call 874-8703 with your permit # to schedule inspections!		PERMIT FEE (TOTAL)	