



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	168 Clark St. Portland 04102
CBL:	056 B-021 L-001
PROPERTY OWNER(S) NAME	
OWNER NAME:	PEGGY JOHNSON
Applicant Name:	
Mailing Address of Owner/Applicant (if Different)	
E Mail: johnson.peggyhelen@yahoo.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 9/3/2014

Town/City	PORTLAND	Permit #	_____
Date Permit Issued	___ / ___ / ___	Fee: \$	_____ Double Fee Charged <input type="checkbox"/>
Local Plumbing Inspector Signature		L.P.I. # 360	
<p>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.</p>			
<b>Caution: Inspection Required</b>			
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

<p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p> <p>Replacing cast iron drains with PVC</p>	<p>Type of Structure to be Served</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER-SPECIFY <u>2 Family</u></p> <p style="background-color: #90EE90; text-align: center;"><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>Bruce Palma</u></p> <p>E Mail: <u>brucew2692@hotmail.com</u></p> <p>1. <input type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input checked="" type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE #                    </p>
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	Column 2		Column 1	
	Number	Type of Fixture	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.		Hosebib / Sillcock	2	Bathtub (and Shower)
		Floor Drain	1	Shower (separate)
		Urinal	2	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, Etc.		Clothes Washer
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Other: _____		Water Heater
		<b>Fixtures (Subtotal) Column 2</b>		<b>Fixtures (Subtotal) Column 1</b>
<b>OR</b>				<b>TOTAL FIXTURES</b>
<input type="checkbox"/> TRANSFER FEE \$[10.00]		Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture		Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee

<b>Please call 874-8703 with your permit # to schedule inspections!</b>	<b>PERMIT FEE (TOTAL)</b>
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