



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS		Street: 187 Clark St 1st Town/City PORTLAND Permit # <u>201502755</u>	
CBL: <u>056 0010</u>		Date Permit Issued: <u>11/12/15</u> Fee: \$ <u>50</u> Double Fee Charged []	
PROPERTY OWNER(S) NAME		L.P.I. # <u>360</u>	
NAME: Deborah McCoy Applicant Name: Pine State Services, Samuel Marcisso Mailing Address of Owner/Applicant: 184 Main Street, Suite 1C (if Different) South Portland, ME 04106		Local Plumbing Inspector Signature	
Owner/Applicant Statement		Caution: Inspection Required 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 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.		I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.	
Signature of Owner/Applicant _____ Date _____		Date Approved (Rough-in) _____ LPI Signature _____ Date Approved (Final) _____	

PERMIT INFORMATION		
This Application is for 1 <input type="checkbox"/> NEW PLUMBING 2 <input checked="" type="checkbox"/> RELOCATED PLUMBING <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">NOV 12 2015</div> <div style="text-align: center;">Dept. of Building Inspections City of Portland Maine</div>	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 <u>not sure</u> <div style="text-align: center; background-color: #e0e0e0; padding: 5px; font-weight: bold;">Please call 874-8703 with your permit # to schedule inspections!</div>	Plumbing to be Installed by: NAME: <u>Samuel Marcisso</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>MS2501</u>

	Column 2	Column 1
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Number
Type of Fixture	Type of Fixture	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"/> HOOK-UP: to an existing subsurface wastewater disposal system		
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		
OR		
<input checked="" type="checkbox"/> TRANSFER FEE \$[10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	40 10
		1 TOTAL FIXTURES 1 Fixtures (Subtotal) Column 1 1 Fixtures (Subtotal) Column 2 1 Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		\$50 PERMIT FEE (TOTAL)