



2015-00012
056-6004001

PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS		Town/City PORTLAND Permit # 2015-00012	
Street: 87 Emery St.		Date Permit Issued: 01/05/15 Fee: \$ 60.00 Double Fee Charged []	
CBL: 056-6004001		L.P.I. # 360	
PROPERTY OWNER(S) NAME		Local Plumbing Inspector Signature _____	
OWNER NAME: Louise Murphy		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.	
Applicant Name: Corey Tapley			
Mailing Address of Owner/Applicant (if Different) anotherplumberco@hotmail.com			
E Mail: anotherplumberco@hotmail.com			
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.		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: 1-5-15			
		LPI Signature _____ Date Approved (Final) _____	

PERMIT INFORMATION			
<p>This Application is for</p> <p>1 <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2 <input type="checkbox"/> RELOCATED PLUMBING</p> <p style="text-align: center; color: gray;">RECEIVED</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">JAN 05 2015</p> <p style="font-size: 0.8em; color: gray;">Dept. of Building Inspection 600 Portland St.</p>	<p>Type of Structure to be Served</p> <p>1 <input 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 type="checkbox"/> OTHER-SPECIFY _____</p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>Corey Tapley</u></p> <p>1 <input checked="" 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 type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>90913797</u></p>	
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 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"/> 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 type="checkbox"/> Laundry Tub <input type="checkbox"/> Water Heater	
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Grease / Oil Separator <input type="checkbox"/> Roof Drain <input type="checkbox"/> Bidet <input type="checkbox"/> Other: _____		
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.			
OR	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1	
<input type="checkbox"/> TRANSFER FEE \$[10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	<input checked="" type="checkbox"/> 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!			<input type="checkbox"/> PERMIT FEE (TOTAL)