



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	2 Taylor St
CBL:	057 B013
PROPERTY OWNER(S) NAME	
OWNER NAME:	Barrack Olinis
Applicant Name:	
Mailing Address of Owner/Applicant (if Different)	350 Rt 108 Somersworth NH.
E Mail:	PJlabrie.sons@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: 5-5-2015

Town/City	PORTLAND	Permit #	2015 00958
Date Permit Issued	5/5/15	Fee: \$	190
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)
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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>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 type="checkbox"/> OTHER-SPECIFY _____</p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>Norman Labrie</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>MS9101012204</u></p>
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RECEIVED
MAY 05 2015
 Dept. of Building Inspections
 City of Portland Maine

Please call 874-8703 with your permit # to schedule inspections!

	Column 2	Column 1
	Number Type of Fixture	Number Type of Fixture
<input checked="" 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"/> 2 Hosebib / Sillcock	<input type="checkbox"/> 1 Bathtub (and Shower)
	<input type="checkbox"/> 1 Floor Drain	<input type="checkbox"/> 1 Shower (separate)
	<input type="checkbox"/> Urinal	<input type="checkbox"/> 1 Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> 4 Wash Basin
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> 3 Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> 1 Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> 1 Dish Washer
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
	<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
		Fixture Fee Transfer Fee Hook-Up & Relocation Fee

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PERMIT FEE (TOTAL)