



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 104 SPRUCE ST.

CBL: 061-000800

PROPERTY OWNER(S) NAME

OWNER NAME:
Zachariah Whitridge

Applicant Name:
Charles F. Hansell

Mailing Address of Owner/Applicant (if Different)
352 Gordon Road, Rockport, ME 04305

E Mail:
Charles.Hansell@RockportMaine.com

Owner/Applicant Statement

242-0738 (Bus Cell)

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.

Charles F. Hansell 12/4/15

Signature of Owner/Applicant Date

Town/City PORTLAND Permit # 201502933

Date Permit Issued 12/04/15 Fee: \$ 70.00 Double Fee Charged []

[Signature] L.P.I. # 360

Local Plumbing Inspector Signature

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)

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 style="text-align: center;">RECEIVED DEC 04 2015</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 style="text-align: center;">Please call 874-8703 with your permit # to schedule inspections!</p>	<p>Plumbing to be Installed by:</p> <p>NAME: _____</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>432606</u></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. <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/>	Hosebib / Sillcock	<input checked="" type="checkbox"/>	Bathtub (and Shower)
	<input type="checkbox"/>	Floor Drain	<input 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 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
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
			TOTAL FIXTURES	
			<u>66</u>	
			<u>60.00</u>	Fixture Fee
			<u>10.00</u>	Transfer Fee <u>surety</u>
			<u>70.00</u>	Hook-Up & Relocation Fee

Please call 874-8703 with your permit # to schedule inspections! **PERMIT FEE (TOTAL)**