



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS			
Street: <u>104 Spruce Street</u>	Town/City PORTLAND	Permit # <u>2017-07011</u>	
CBL: <u>061 0008 001</u>	Date Permit Issued <u>1/11/17</u>	Fee: \$ <u>50⁰⁰</u>	Double Fee Charged <input type="checkbox"/>
PROPERTY OWNER(S) NAME			
OWNER NAME: <u>Whiteridge</u>		L.P.I. # 1081	
Applicant Name: <u>Beal Plumbing & Heating, LLC</u>		Local Plumbing Inspector Signature:	
Mailing Address of Owner/Applicant (if Different): <u>PO Box 1223 Auburn, ME 04211</u>		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.	
E Mail: <u>admin@bealplumbing.com</u>			
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:		LPI Signature: _____	
Date: <u>1/11/17</u>		Date Approved (Final): _____	

PERMIT INFORMATION																																																		
<p style="text-align: center;">This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>RECEIVED</p> <p>JAN 11 2017</p> <p>Dept. of Building Inspections City of Portland Maine</p> </div>	<p style="text-align: center;">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; background-color: #eee; padding: 5px;">Please call 874-8703 with your permit # to schedule inspections!</p>	<p style="text-align: center;">Plumbing to be Installed by:</p> <p>NAME: <u>Lenny Beal</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>MS1900140511</u></p>																																																
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<input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Number</th> <th>Type of Fixture</th> </tr> <tr><td><input type="checkbox"/></td><td>Hosebib / Sillcock</td></tr> <tr><td><input type="checkbox"/></td><td>Floor Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Urinal</td></tr> <tr><td><input type="checkbox"/></td><td>Drinking Fountain</td></tr> <tr><td><input type="checkbox"/></td><td>Indirect Waste</td></tr> <tr><td><input type="checkbox"/></td><td>Water Treatment Softener, Filter, Etc.</td></tr> <tr><td><input type="checkbox"/></td><td>Grease / Oil Separator</td></tr> <tr><td><input type="checkbox"/></td><td>Roof Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Bidet</td></tr> <tr><td><input type="checkbox"/></td><td>Other: _____</td></tr> <tr><td colspan="2">Fixtures (Subtotal) Column 2</td></tr> </table>	Number	Type of Fixture	<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"/>	Grease / Oil Separator	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Other: _____	Fixtures (Subtotal) Column 2		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Number</th> <th>Type of Fixture</th> </tr> <tr><td><input type="checkbox"/></td><td>Bathtub (and Shower)</td></tr> <tr><td><u>01</u></td><td>Shower (separate)</td></tr> <tr><td><u>01</u></td><td>Sink</td></tr> <tr><td><u>01</u></td><td>Wash Basin</td></tr> <tr><td><u>01</u></td><td>Water Closet (Toilet)</td></tr> <tr><td><input type="checkbox"/></td><td>Clothes Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Dish Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Garbage Disposal</td></tr> <tr><td><input type="checkbox"/></td><td>Laundry Tub</td></tr> <tr><td><input type="checkbox"/></td><td>Water Heater</td></tr> <tr><td colspan="2">Fixtures (Subtotal) Column 1</td></tr> </table>	Number	Type of Fixture	<input type="checkbox"/>	Bathtub (and Shower)	<u>01</u>	Shower (separate)	<u>01</u>	Sink	<u>01</u>	Wash Basin	<u>01</u>	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	Fixtures (Subtotal) Column 1	
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<input type="checkbox"/> TRANSFER FEE [\$10.00]	<p style="text-align: center;">Fees:</p> <p>\$10 Surcharge + First 4 fixtures = \$50 Minimum</p> <p>Over 4 = \$10 Surcharge + \$10/fixture</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><u>103</u></td><td>TOTAL FIXTURES</td></tr> <tr><td><u>40</u></td><td>Fixture Fee</td></tr> <tr><td><u>10</u></td><td>Transfer Fee</td></tr> <tr><td><input type="checkbox"/></td><td>Hook-Up & Relocation Fee</td></tr> </table>	<u>103</u>	TOTAL FIXTURES	<u>40</u>	Fixture Fee	<u>10</u>	Transfer Fee	<input type="checkbox"/>	Hook-Up & Relocation Fee																																								
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