



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	105 West St.
CBL:	063 A014001
PROPERTY OWNER(S) NAME	
OWNER NAME:	Allison Denham
Applicant Name:	S.P. Plumbing & Heating
Mailing Address of Owner/Applicant (if Different)	120 Thaddeus St. Suite 8 So. Portland, ME 04106
E Mail:	SPPumbing@maine.rr.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: 10/19/17

Town/City	PORTLAND	Permit #	2017-07395
Date Permit Issued	10/19/17	Fee: \$	50.00
		Double Fee Charged	<input type="checkbox"/>
Local Plumbing Inspector Signature		L.P.I. # 1081	
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)	
		10/19/17	

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</p> <p style="text-align: center;">OCT 19 2017</p> <p>Dept. of Building Inspections City of Portland Maine</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: <u>Stephen Corbeau</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>2709</u></p>																																																																
<p>Hook-Up & Piping Relocation</p> <p>Maximum of 1 Hook-Up</p> <p><input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.</p> <p><input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system</p> <p><input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> TRANSFER FEE \$10.00</p>	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 2 Type of Fixture</th> <th>Number</th> <th>Column 1 Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Hosebib / Sillcock</td><td><input type="checkbox"/></td><td>Bathtub (and Shower)</td></tr> <tr><td><input type="checkbox"/></td><td>Floor Drain</td><td><input type="checkbox"/></td><td>Shower (separate)</td></tr> <tr><td><input type="checkbox"/></td><td>Urinal</td><td><input type="checkbox"/></td><td>Sink</td></tr> <tr><td><input type="checkbox"/></td><td>Drinking Fountain</td><td><input type="checkbox"/></td><td>Wash Basin</td></tr> <tr><td><input type="checkbox"/></td><td>Indirect Waste</td><td><input type="checkbox"/></td><td>Water Closet (Toilet)</td></tr> <tr><td><input type="checkbox"/></td><td>Water Treatment Softener, Filter, Etc.</td><td><input type="checkbox"/></td><td>Clothes Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Grease / Oil Separator</td><td><input type="checkbox"/></td><td>Dish Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Roof Drain</td><td><input type="checkbox"/></td><td>Garbage Disposal</td></tr> <tr><td><input type="checkbox"/></td><td>Bidet</td><td><input type="checkbox"/></td><td>Laundry Tub</td></tr> <tr><td><input type="checkbox"/></td><td>Other: _____</td><td><input type="checkbox"/></td><td>Water Heater</td></tr> <tr> <td colspan="2">Fixtures (Subtotal) Column 2</td> <td colspan="2">Fixtures (Subtotal) Column 1</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">TOTAL FIXTURES</td> </tr> <tr> <td colspan="2">Fees:</td> <td colspan="2">Fixture Fee</td> </tr> <tr> <td colspan="2">\$10 Surcharge + First 4 fixtures = \$50 Minimum</td> <td colspan="2">Transfer Fee</td> </tr> <tr> <td colspan="2">Over 4 = \$10 Surcharge + \$10/fixture</td> <td colspan="2">Hook-Up & Relocation Fee</td> </tr> </tbody> </table>	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture	<input type="checkbox"/>	Hosebib / Sillcock	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Shower (separate)	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	Sink	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Wash Basin	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Closet (Toilet)	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input 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"/>	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		Fees:		Fixture Fee		\$10 Surcharge + First 4 fixtures = \$50 Minimum		Transfer Fee		Over 4 = \$10 Surcharge + \$10/fixture		Hook-Up & Relocation Fee		<p style="text-align: center;">Please call 874-8703 with your permit # to schedule inspections!</p> <p style="text-align: right;">50.00 PERMIT FEE (TOTAL)</p>
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