



# PLUMBING PERMIT APPLICATION

**PROPERTY ADDRESS**  
 Street: 128 Chadwick St  
 CBL: \_\_\_\_\_

**PROPERTY OWNER(S) NAME**  
 OWNER NAME: Mathew Purington  
 Applicant Name: Leroy Beal  
 Mailing Address of Owner/Applicant (if Different): P.O. Box 1223 Auburn, ME 04211  
 E Mail: bealplumbing@gmail.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] 6/21/16  
 Signature of Owner/Applicant Date

Town/City **PORTLAND** Permit # \_\_\_\_\_  
 Date Permit Issued 6/1/16 Fee: \$ \_\_\_\_\_ Double Fee Charged [ ]  
 L.P.I. # **1081**  
 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

<b>This Application is for</b> 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure to be Served</b> 1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____ <b>Please call 874-8703 with your permit # to schedule inspections!</b>	<b>Plumbing to be Installed by:</b> <b>NAME:</b> <u>Leroy Beal</u> 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>MS900140511</u>																																																								
<input type="checkbox"/> HOOK-UP & Piping Relocation Maximum of 1 Hook-Up <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	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 2 Type of Fixture</th> </tr> </thead> <tbody> <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><input type="checkbox"/></td><td><b>Fixtures (Subtotal) Column 2</b></td></tr> </tbody> </table>	Number	Column 2 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: _____	<input type="checkbox"/>	<b>Fixtures (Subtotal) Column 2</b>	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 1 Type of Fixture</th> </tr> </thead> <tbody> <tr><td><u>01</u></td><td>Bathtub (and Shower)</td></tr> <tr><td><u>01</u></td><td>Shower (separate)</td></tr> <tr><td><input type="checkbox"/></td><td>Sink</td></tr> <tr><td><u>02</u></td><td>Wash Basin</td></tr> <tr><td><u>02</u></td><td>Water Closet (Toilet)</td></tr> <tr><td><u>01</u></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><u>01</u></td><td>Laundry Tub</td></tr> <tr><td><input type="checkbox"/></td><td>Water Heater</td></tr> <tr><td><input type="checkbox"/></td><td><b>Fixtures (Subtotal) Column 1</b></td></tr> <tr><td><u>08</u></td><td><b>TOTAL FIXTURES</b></td></tr> <tr><td><input type="checkbox"/></td><td>Fixture Fee</td></tr> <tr><td><input type="checkbox"/></td><td>Transfer Fee</td></tr> <tr><td><input type="checkbox"/></td><td>Hook-Up &amp; Relocation Fee</td></tr> </tbody> </table>	Number	Column 1 Type of Fixture	<u>01</u>	Bathtub (and Shower)	<u>01</u>	Shower (separate)	<input type="checkbox"/>	Sink	<u>02</u>	Wash Basin	<u>02</u>	Water Closet (Toilet)	<u>01</u>	Clothes Washer	<input type="checkbox"/>	Dish Washer	<input type="checkbox"/>	Garbage Disposal	<u>01</u>	Laundry Tub	<input type="checkbox"/>	Water Heater	<input type="checkbox"/>	<b>Fixtures (Subtotal) Column 1</b>	<u>08</u>	<b>TOTAL FIXTURES</b>	<input type="checkbox"/>	Fixture Fee	<input type="checkbox"/>	Transfer Fee	<input type="checkbox"/>	Hook-Up & Relocation Fee
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