



# PLUMBING PERMIT APPLICATION

| PROPERTY ADDRESS  |   |
|---|---|
| Street:   | 66 West St.                                   |
| CBL:  | 063 G002001                                   |
| PROPERTY OWNER(S) NAME  |   |
| OWNER NAME:   | Katherine Charbonneau                         |
| Applicant Name:   | Carlo Doria Plumbing & Heat                   |
| Mailing Address of Owner/Applicant (if Different)   | 23 Waterhouse Rd.<br>Cape Elizabeth, Me 04107 |
| E Mail:   | cdoria@gwi.net                                |
| 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. |   |
| Carlo Doria   | 9/28/15                                       |
| Signature of Owner/Applicant  | Date  |

Town/City **PORTLAND** Permit # \_\_\_\_\_

Date Permit Issued \_\_\_ / \_\_\_ / \_\_\_ Fee: \$ \_\_\_\_\_ Double Fee Charged

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><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>  | <p><b>Type of Structure to be Served</b></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><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>   | <p><b>Plumbing to be Installed by:</b></p> <p><b>NAME:</b> Carlo Doria</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 # <b>MS7167</b></p> |                             |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |          |                                     |  |        |                             |          |                      |          |                   |                          |      |          |            |          |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |          |                                     |                          |                       |           |             |                          |              |                          |                          |           |                           |
|---|--|---|-----------------------------|--------------------------|--------------------|--------------------------|-------------|--------------------------|--------|--------------------------|-------------------|--------------------------|----------------|--------------------------|--|--------------------------|------------------------|--------------------------|------------|--------------------------|-------|--------------------------|--------------|----------|-------------------------------------|--|--------|-----------------------------|----------|----------------------|----------|-------------------|--------------------------|------|----------|------------|----------|-----------------------|--------------------------|----------------|--------------------------|-------------|--------------------------|------------------|--------------------------|-------------|--------------------------|--------------|----------|-------------------------------------|--------------------------|-----------------------|-----------|-------------|--------------------------|--------------|--------------------------|--------------------------|-----------|---------------------------|
| <p>Hook-Up &amp; Piping Relocation<br/>Maximum of 1 Hook-Up</p> <p><input type="checkbox"/> <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"/> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system</p> <p><input type="checkbox"/> <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p><b>OR</b></p> <p><input type="checkbox"/> TRANSFER FEE \$10.00</p> | <table border="1"> <thead> <tr> <th>Number</th> <th>Column 2<br/>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><b>0</b></td><td><b>Fixtures (Subtotal) Column 2</b></td></tr> </tbody> </table> <p>Fees:<br/>\$10 Surcharge + First 4 fixtures = <b>\$50 Minimum</b><br/>Over 4 = \$10 Surcharge + \$10/fixture</p> | Number  | Column 2<br>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: _____ | <b>0</b> | <b>Fixtures (Subtotal) Column 2</b> | <table border="1"> <thead> <tr> <th>Number</th> <th>Column 1<br/>Type of Fixture</th> </tr> </thead> <tbody> <tr><td><b>1</b></td><td>Bathtub (and Shower)</td></tr> <tr><td><b>2</b></td><td>Shower (separate)</td></tr> <tr><td><input type="checkbox"/></td><td>Sink</td></tr> <tr><td><b>2</b></td><td>Wash Basin</td></tr> <tr><td><b>2</b></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><b>7</b></td><td><b>Fixtures (Subtotal) Column 1</b></td></tr> <tr><td><input type="checkbox"/></td><td><b>TOTAL FIXTURES</b></td></tr> <tr><td><b>70</b></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> <tr><td><b>80</b></td><td><b>PERMIT FEE (TOTAL)</b></td></tr> </tbody> </table> | Number | Column 1<br>Type of Fixture | <b>1</b> | Bathtub (and Shower) | <b>2</b> | Shower (separate) | <input type="checkbox"/> | Sink | <b>2</b> | Wash Basin | <b>2</b> | 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 | <b>7</b> | <b>Fixtures (Subtotal) Column 1</b> | <input type="checkbox"/> | <b>TOTAL FIXTURES</b> | <b>70</b> | Fixture Fee | <input type="checkbox"/> | Transfer Fee | <input type="checkbox"/> | Hook-Up & Relocation Fee | <b>80</b> | <b>PERMIT FEE (TOTAL)</b> |
| Number  | Column 2<br>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: _____   |   |                             |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |          |                                     |  |        |                             |          |                      |          |                   |                          |      |          |            |          |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |          |                                     |                          |                       |           |             |                          |              |                          |                          |           |                           |
| <b>0</b>  | <b>Fixtures (Subtotal) Column 2</b>  |   |                             |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |          |                                     |  |        |                             |          |                      |          |                   |                          |      |          |            |          |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |          |                                     |                          |                       |           |             |                          |              |                          |                          |           |                           |
| Number  | Column 1<br>Type of Fixture  |   |                             |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |          |                                     |  |        |                             |          |                      |          |                   |                          |      |          |            |          |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |          |                                     |                          |                       |           |             |                          |              |                          |                          |           |                           |
| <b>1</b>  | Bathtub (and Shower)   |   |                             |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |          |                                     |  |        |                             |          |                      |          |                   |                          |      |          |            |          |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |          |                                     |                          |                       |           |             |                          |              |                          |                          |           |                           |
| <b>2</b>  | Shower (separate)  |   |                             |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |          |                                     |  |        |                             |          |                      |          |                   |                          |      |          |            |          |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |          |                                     |                          |                       |           |             |                          |              |                          |                          |           |                           |
| <input type="checkbox"/>  | Sink   |   |                             |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |          |                                     |  |        |                             |          |                      |          |                   |                          |      |          |            |          |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |          |                                     |                          |                       |           |             |                          |              |                          |                          |           |                           |
| <b>2</b>  | Wash Basin   |   |                             |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |          |                                     |  |        |                             |          |                      |          |                   |                          |      |          |            |          |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |          |                                     |                          |                       |           |             |                          |              |                          |                          |           |                           |
| <b>2</b>  | 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   |   |                             |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |          |                                     |  |        |                             |          |                      |          |                   |                          |      |          |            |          |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |          |                                     |                          |                       |           |             |                          |              |                          |                          |           |                           |
| <b>7</b>  | <b>Fixtures (Subtotal) Column 1</b>  |   |                             |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |          |                                     |  |        |                             |          |                      |          |                   |                          |      |          |            |          |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |          |                                     |                          |                       |           |             |                          |              |                          |                          |           |                           |
| <input type="checkbox"/>  | <b>TOTAL FIXTURES</b>  |   |                             |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |          |                                     |  |        |                             |          |                      |          |                   |                          |      |          |            |          |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |          |                                     |                          |                       |           |             |                          |              |                          |                          |           |                           |
| <b>70</b>   | Fixture Fee  |   |                             |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |          |                                     |  |        |                             |          |                      |          |                   |                          |      |          |            |          |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |          |                                     |                          |                       |           |             |                          |              |                          |                          |           |                           |
| <input type="checkbox"/>  | Transfer Fee   |   |                             |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |          |                                     |  |        |                             |          |                      |          |                   |                          |      |          |            |          |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |          |                                     |                          |                       |           |             |                          |              |                          |                          |           |                           |
| <input type="checkbox"/>  | Hook-Up & Relocation Fee   |   |                             |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |          |                                     |  |        |                             |          |                      |          |                   |                          |      |          |            |          |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |          |                                     |                          |                       |           |             |                          |              |                          |                          |           |                           |
| <b>80</b>   | <b>PERMIT FEE (TOTAL)</b>  |   |                             |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |          |                                     |  |        |                             |          |                      |          |                   |                          |      |          |            |          |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |          |                                     |                          |                       |           |             |                          |              |                          |                          |           |                           |
| <p><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>  |  | <p><b>80</b> PERMIT FEE (TOTAL)</p>   |                             |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |          |                                     |  |        |                             |          |                      |          |                   |                          |      |          |            |          |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |          |                                     |                          |                       |           |             |                          |              |                          |                          |           |                           |