



# PLUMBING PERMIT APPLICATION

<b>PROPERTY ADDRESS</b>	
Street:	280 Brackett St.
CBL:	063 1005
<b>PROPERTY OWNER(S) NAME</b>	
OWNER NAME:	Marisa Ihara
Applicant Name:	Dominic DiBiase
Mailing Address of Owner/Applicant (if Different)	
E-Mail:	
<b>Owner/Applicant Statement</b>	
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 9/1/15

Town/City	PORTLAND	Permit #	2015 02132
Date Permit Issued	9/1/15	Fee: \$	60 -
Local Plumbing Inspector Signature		L.P.I. # 360	
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.			
<b>Caution: Inspection Required</b>			
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>RECEIVED</b> <b>SEP 01 2015</b> <b>Dept. of Building Inspections</b> <b>City of Portland Maine</b>	<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>Dominic DiBiase</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>MS70002520</u>																																																																	
<b>Hook-Up &amp; Piping Relocation</b> 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  <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.  <b>OR</b>  <input type="checkbox"/> TRANSFER FEE \$[10.00]	<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> <table border="1"><thead><tr><th>Number</th><th>Column 1 Type of Fixture</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td>Bathtub (and Shower)</td></tr><tr><td><input type="checkbox"/></td><td>Shower (separate)</td></tr><tr><td><input type="checkbox"/></td><td>Sink</td></tr><tr><td><input type="checkbox"/></td><td>Wash Basin</td></tr><tr><td><input type="checkbox"/></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><input type="checkbox"/></td><td><b>Fixtures (Subtotal) Column 1</b></td></tr><tr><td><input type="checkbox"/></td><td><b>TOTAL FIXTURES</b></td></tr></tbody></table> <table border="1"><thead><tr><th>Fees:</th></tr></thead><tbody><tr><td>\$10 Surcharge + First 4 fixtures = \$50 Minimum</td></tr><tr><td>Over 4 = \$10 Surcharge + \$10/fixture</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>	Number	Column 1 Type of Fixture	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	Shower (separate)	<input type="checkbox"/>	Sink	<input type="checkbox"/>	Wash Basin	<input type="checkbox"/>	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	<input type="checkbox"/>	<b>Fixtures (Subtotal) Column 1</b>	<input type="checkbox"/>	<b>TOTAL FIXTURES</b>	Fees:	\$10 Surcharge + First 4 fixtures = \$50 Minimum	Over 4 = \$10 Surcharge + \$10/fixture	<table border="1"><tbody><tr><td><input type="checkbox"/></td><td>Fixtures (Subtotal) Column 1</td></tr><tr><td><input type="checkbox"/></td><td><b>TOTAL FIXTURES</b></td></tr><tr><td><input type="checkbox"/></td><td>Fixtures 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><input type="checkbox"/></td><td><b>PERMIT FEE (TOTAL)</b></td></tr></tbody></table>	<input type="checkbox"/>	Fixtures (Subtotal) Column 1	<input type="checkbox"/>	<b>TOTAL FIXTURES</b>	<input type="checkbox"/>	Fixtures Fee	<input type="checkbox"/>	Transfer Fee	<input type="checkbox"/>	Hook-Up & Relocation Fee	<input type="checkbox"/>	<b>PERMIT FEE (TOTAL)</b>
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