



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	937 Congress St
CBL:	065 0009 001
PROPERTY OWNER(S) NAME	
OWNER NAME:	Rosetta Iannaccone
Applicant Name:	Jim Jackson
Mailing Address of Owner/Applicant (if Different)	
E Mail:	
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 3-24-17

Town/City	PORTLAND	Permit #	2017-07107
Date Permit Issued	3/24/17	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)	

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p> <p style="text-align: center; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">MAR 24 2017</p> <p style="text-align: center; font-size: 0.8em;">Dept. of Building Inspections City of Portland Maine</p>	<p>Type of Structure to be Served</p> <p>1. <input 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 checked="" type="checkbox"/> OTHER-SPECIFY <u>Sandwich Shop</u></p> <p style="text-align: center; border: 1px solid black; padding: 2px;">Please call 874-8703 with your permit # to schedule inspections!</p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>Jim Jackson</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>MS 273111</u> </p>
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	Column 2	Column 1
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Number
<input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.	Type of Fixture	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 checked="" type="checkbox"/> 3 Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input checked="" 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
OR	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
OR	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
	1 / 1	13 / 1
	Fees:	TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE \$10.00	\$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	16 / 1
		Fixtures Fee
		Transfer Fee
		Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		PERMIT FEE (TOTAL)