



# PLUMBING PERMIT APPLICATION

| PROPERTY ADDRESS  |                                  |
|---|----------------------------------|
| Street:   | 56 ROBERTS STREET                |
| CBL:  | 066A F007056                     |
| PROPERTY OWNER(S) NAME  |                                  |
| OWNER NAME:   | INA GOLDSTEIN                    |
| Applicant Name:   | ATLANTIC HEATING CO.             |
| Mailing Address of Owner/Applicant (if Different)   | 474 RIVERSIDE INDUSTRIAL PARKWAY |
| E Mail:   | JEFFB@ATLANTICHEATIN             |
| 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. |                                  |
| JEFF BELLINO  | 10/4/16                          |
| Signature of Owner/Applicant  | Date                             |

|                                    |          |                    |                          |
|------------------------------------|----------|--------------------|--------------------------|
| Town/City                          | PORTLAND | Permit #           | 2016-08036               |
| Date Permit Issued                 | 10/5/16  | Fee: \$            | 50                       |
|                                    |          | 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><br><p>RECEIVED</p> <p>OCT 05 2016</p> <p>Dept. of Building Inspections<br/>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 checked="" 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>Plumbing to be Installed by:</p> <p>NAME: <u>THOMAS FLETCHER</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>MS90014166</u></p> |                                    |                                    |  |   |   |  |                                      |  |  |                                 |                               |  |  |                                     |  |   |  |  |   |   |  |   |                                      |  |                                     |   |   |                                |                                      |  |                                       |  |  |                                     |                                     |           |  |                           |   |   |   |  |  |   |
|---|--|--|------------------------------------|------------------------------------|--|---|---|--|--------------------------------------|--|--|---------------------------------|-------------------------------|--|--|-------------------------------------|--|---|--|--|---|---|--|---|--------------------------------------|--|-------------------------------------|---|---|--------------------------------|--------------------------------------|--|---------------------------------------|--|--|-------------------------------------|-------------------------------------|-----------|--|---------------------------|---|---|---|--|--|---|
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| Hook-Up & Piping Relocation<br>Maximum of 1 Hook-Up   | Column 2<br>Number Type of Fixture   | Column 1<br>Number Type of Fixture   |                                    |                                    |  |   |   |  |                                      |  |  |                                 |                               |  |  |                                     |  |   |  |  |   |   |  |   |                                      |  |                                     |   |   |                                |                                      |  |                                       |  |  |                                     |                                     |           |  |                           |   |   |   |  |  |   |
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| <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system  | <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  |                                    |                                    |  |   |   |  |                                      |  |  |                                 |                               |  |  |                                     |  |   |  |  |   |   |  |   |                                      |  |                                     |   |   |                                |                                      |  |                                       |  |  |                                     |                                     |           |  |                           |   |   |   |  |  |   |
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|   | <input type="checkbox"/> Other: _____  | <input checked="" type="checkbox"/> Water Heater   |                                    |                                    |  |   |   |  |                                      |  |  |                                 |                               |  |  |                                     |  |   |  |  |   |   |  |   |                                      |  |                                     |   |   |                                |                                      |  |                                       |  |  |                                     |                                     |           |  |                           |   |   |   |  |  |   |
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|   |  | <input type="checkbox"/> Hook-Up & Relocation Fee  |                                    |                                    |  |   |   |  |                                      |  |  |                                 |                               |  |  |                                     |  |   |  |  |   |   |  |   |                                      |  |                                     |   |   |                                |                                      |  |                                       |  |  |                                     |                                     |           |  |                           |   |   |   |  |  |   |