



# 11977

# PLUMBING PERMIT APPLICATION

**PROPER**

Street: 372-374 Park Ave

CBL:

**PROPERTY OWNER(S) NAME**

NAME: Hill St. Apartments LLC

Applicant Name: Corey Tapley

Mailing Address of Owner/Applicant (if Different) 212 Saint John St. Portland ME 04102

**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 [Signature] Date 8-31-12

Town/City PORTLAND Permit # 2012 47769

Date Permit Issued 8/31/12 Fee: \$ 210 Double Fee Charged [ ]

[Signature] 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.

\_\_\_\_\_ Date Approved (Rough-in)

\_\_\_\_\_ LPI Signature \_\_\_\_\_ Date Approved (Final)

## PERMIT INFORMATION

|   |  |  |
|---|--|--|
| <p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</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>Plumbing to be Installed by:</p> <p>NAME: <u>Corey Tapley</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>910101121797111</u></p> |
|---|--|--|

**RECEIVED**  
AUG 31 2012  
Dept. of Building Inspections  
City of Portland Maine

**Please call 874-8703 with your permit # to schedule inspections!**

| Hook-Up & Piping Relocation<br>Maximum of 1 Hook-Up   | Column 2                 |   | Column 1                 |                                     |
|---|--------------------------|---|--------------------------|-------------------------------------|
|   | Number                   | Type of Fixture   | Number                   | Type of Fixture                     |
| <input checked="" 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"/> | Hosebib / Silcock   | <input type="checkbox"/> | Bathtub (and Shower)                |
|   | <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"/> HOOK-UP: to an existing subsurface wastewater disposal system  | <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                    |
| <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.   | <input type="checkbox"/> | Bidet   | <input type="checkbox"/> | Laundry Tub                         |
|   | <input type="checkbox"/> | Other: _____  | <input type="checkbox"/> | Water Heater                        |
|   | <input type="checkbox"/> | <b>Fixtures (Subtotal) Column 2</b>   | <input type="checkbox"/> | <b>Fixtures (Subtotal) Column 1</b> |
| <b>OR</b>   |                          |   | <input type="checkbox"/> | <b>TOTAL FIXTURES</b>               |
| <input type="checkbox"/> TRANSFER FEE (\$10.00)   |                          | Fees by fixture:<br>First 4 fixtures = \$40 Over 4 = \$10/fixture<br>+ \$10 Surcharge | <input type="checkbox"/> | Fixture Fee                         |
|   |                          |   | <input type="checkbox"/> | Transfer Fee                        |
|   |                          |   | <input type="checkbox"/> | Hook-Up & Relocation Fee            |
| <b>Please call 874-8703 with your permit # to schedule inspections!</b>   |                          |   | <u>210.00</u>            | <b>PERMIT FEE (TOTAL)</b>           |