



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: Forekins Pkwy
 CBL: 075 A005

PROPERTY OWNER(S) NAME

OWNER NAME: Mercy Hospital

Applicant Name: Stu Carizzo Plumbing Inc

Mailing Address of Owner/Applicant (if Different): 17 Burnham Rd

E Mail: scarizzo2258@gmail.com

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: 9/10/14

Town/City PORTLAND Permit # 201402081

Date Permit Issued: 9/10/14 Fee: \$ 60 Double Fee Charged

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.

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

- This Application is for
- NEW PLUMBING
 - RELOCATED PLUMBING

- Type of Structure to be Served
- SINGLE FAMILY RESIDENCE
 - MODULAR OR MOBILE HOME
 - MULTIPLE FAMILY DWELLING
 - OTHER-SPECIFY Commercial

Plumbing to be installed by:

NAME: Stu

E Mail: scarizzo2258@gmail.com

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D HOUSING DEALER / MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # 111784411

RECEIVED
 SEP 10 2014
 Dept. of Building Inspection
 City of Portland Maine

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

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<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		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (separate)
		Urinal		Sink
		Drinking Fountain	5	Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, Etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		5 Fixtures (Subtotal) Column 1
OR	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture		5 TOTAL FIXTURES	
<input type="checkbox"/> TRANSFER FEE (\$10.00)			Fixtures (Subtotal) Column 1: 5 Fixtures (Subtotal) Column 2: 5 Fixtures (Subtotal) Total: 10	
Please call 874-8703 with your permit # to schedule inspections!			Hook-Up & Relocation Fee: <u>60</u> PERMIT FEE (TOTAL)	