



# 12005

# PLUMBING PERMIT APPLICATION

**PROPERTY ADDRESS**

Street: 122 Pit Street

CBL: 081 COOL

**PROPERTY OWNER(S) NAME**

NAME: Lou Russo

Applicant Name: David J Small

Mailing Address of Owner/Applicant (if Different): 198 Gray Rd, Cumberland ME 04021

Owner/Applicant Statement  
207-829-5042 DSmall3atme.com  
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: David J Small  
Date: 8/31/13

Town/City: PORTLAND Permit #: 2013 0660

Date Permit Issued: 8/31/13 Fee: \$ 60. Double Fee Charged [ ]

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): \_\_\_\_\_  
Date Approved (Final): \_\_\_\_\_

LPI Signature: \_\_\_\_\_

**PERMIT INFORMATION**

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served 1. <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____	Plumbing to be Installed by: NAME: David J Small																																																								
		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 # 07603																																																								
Hook-Up & Piping, Relocation 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. OR <input type="checkbox"/> TRANSFER FEE [\$10.00]	<table border="1"> <thead> <tr> <th>Number</th> <th>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> <p>Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge</p>	Number	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>	<table border="1"> <thead> <tr> <th>Number</th> <th>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 checked="" type="checkbox"/></td><td>Wash Basin</td></tr> <tr><td><input checked="" 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 checked="" type="checkbox"/></td><td><b>Fixtures (Subtotal) Column 1</b></td></tr> <tr><td><input checked="" type="checkbox"/></td><td><b>TOTAL FIXTURES</b></td></tr> <tr><td><input type="checkbox"/></td><td>Fixture 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> </tbody> </table>	Number	Type of Fixture	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	Shower (separate)	<input type="checkbox"/>	Sink	<input checked="" type="checkbox"/>	Wash Basin	<input checked="" 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 checked="" type="checkbox"/>	<b>Fixtures (Subtotal) Column 1</b>	<input checked="" type="checkbox"/>	<b>TOTAL FIXTURES</b>	<input type="checkbox"/>	Fixture Fee	<input type="checkbox"/>	Transfer Fee	<input type="checkbox"/>	Hook-Up & Relocation Fee
Number	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	Type of Fixture																																																									
<input type="checkbox"/>	Bathtub (and Shower)																																																									
<input type="checkbox"/>	Shower (separate)																																																									
<input type="checkbox"/>	Sink																																																									
<input checked="" type="checkbox"/>	Wash Basin																																																									
<input checked="" 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 checked="" type="checkbox"/>	<b>Fixtures (Subtotal) Column 1</b>																																																									
<input checked="" type="checkbox"/>	<b>TOTAL FIXTURES</b>																																																									
<input type="checkbox"/>	Fixture Fee																																																									
<input type="checkbox"/>	Transfer Fee																																																									
<input type="checkbox"/>	Hook-Up & Relocation Fee																																																									
Please call 874-8703 with your permit # to schedule inspections!		<b>PERMIT FEE (TOTAL)</b>																																																								