



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	81 Brighton Ave
CBL:	81 C5
PROPERTY OWNER(S) NAME	
NAME:	
Applicant Name:	GACO inc Gordon Anderson
Mailing Address of Owner/Applicant (if Different)	149 Clarksville Rd Hollis NH 04042
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 1/27/14

Town/City PORTLAND Permit # 2014-00166

Date Permit Issued 1/28/14 Fee: \$ 40 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.

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

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

## PERMIT INFORMATION

<p><b>This Application is for</b></p> <p>1 <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2 <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type of Structure to be Served</b></p> <p>1 <input checked="" 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 type="checkbox"/> OTHER-SPECIFY _____</p> <p><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>	<p><b>Plumbing to be Installed by:</b></p> <p>NAME: <u>GACO inc</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>8439</u></p>
---	--	--

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 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"/> Hosebib / Silcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
	<input type="checkbox"/> Urinal	<input checked="" 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 checked="" 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"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Fixtures (Subtotal) Column 1
<b>OR</b>		<input checked="" type="checkbox"/> <b>TOTAL FIXTURES</b>
<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	<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!** **PERMIT FEE (TOTAL)**