



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 81 Brighton Ave

CBL: 81-C-5

PROPERTY OWNER(S) NAME

NAME: Stanley Chalifz

Applicant Name: John Scott

Mailing Address of Owner/Applicant (if Different) 24 Crestview Dr 04103

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] 2/24/14

Signature of Owner/Applicant Date

Town/City PORTLAND Permit # 2014-00577

Date Permit Issued 3/27/14 Fee: \$ _____ 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 checked="" type="checkbox"/> NEW PLUMBING</p> <p>2 <input type="checkbox"/> RELOCATED PLUMBING</p> <p>RECEIVED RECEIVED MAR 24 2014 MAR 27 2014 Dept. of Building Inspections City of Portland City of Portland Maine</p>	<p>Type of Structure to be Served</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>Please call 874-8703 with your permit # to schedule inspections!</p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>John Scott</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>M 57652</u></p>
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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 / Sillcock <input type="checkbox"/> Floor Drain <input type="checkbox"/> Urinal <input type="checkbox"/> Drinking Fountain <input type="checkbox"/> Indirect Waste	<input checked="" type="checkbox"/> Bathtub (and Shower) <input type="checkbox"/> Shower (separate) <input checked="" type="checkbox"/> Sink <input type="checkbox"/> Wash Basin <input checked="" 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"/> Grease / Oil Separator <input type="checkbox"/> Roof Drain	<input type="checkbox"/> Clothes Washer <input type="checkbox"/> Dish Washer <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"/> Other: _____ <input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Laundry Tub <input type="checkbox"/> Water Heater <input checked="" type="checkbox"/> Fixtures (Subtotal) Column 1
OR		TOTAL FIXTURES
<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! 50 PERMIT FEE (TOTAL)