



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS
 Street: 18 WOODMONT ST
 CBL: 081 D009001

PROPERTY OWNER(S) NAME
 OWNER NAME: *Yalovich Mary-Rachel*
 Applicant Name: MAINELY PLG & HTG INC

Mailing Address of Owner/Applicant (if Different) 674 MAIN ST. GORHAM, ME 04038
 E Mail: *jim@mainelyplumbing.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.
Jim Yalovich 5/16/16
 Signature of Owner/Applicant Date

Town/City PORTLAND Permit # 2016-0302
 Date Permit Issued 5/19/16 Fee: \$ 110. Double Fee Charged
 L.P.I. # 360

Local Plumbing Inspector Signature *[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.

LPI Signature _____ Date Approved (Final) _____

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center;">MAY 19 2016</div> Dept. of Building Inspections City of Portland Maine	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 _____ <div style="text-align: center; border: 1px solid black; padding: 2px;">Please call 874-8703 with your permit # to schedule inspections!</div>	Plumbing to be Installed by: NAME: <u>JAMES A ROBINSON</u> 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 # <u>MS2401</u>																																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Hook-Up & Piping Relocation Maximum of 1 Hook-Up</th> <th style="width: 35%;">Column 2 Number Type of Fixture</th> <th style="width: 35%;">Column 1 Number Type of Fixture</th> </tr> </thead> <tbody> <tr> <td rowspan="6"> <input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district. </td> <td><input type="checkbox"/> Hosebib / Sillcock</td> <td><input type="checkbox"/> Bathtub (and Shower)</td> </tr> <tr> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Shower (separate)</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/> Sink</td> </tr> <tr> <td><input type="checkbox"/> Drinking Fountain</td> <td><input type="checkbox"/> 3 Wash Basin</td> </tr> <tr> <td><input type="checkbox"/> Indirect Waste</td> <td><input type="checkbox"/> 2 Water Closet (Toilet)</td> </tr> <tr> <td><input type="checkbox"/> Water Treatment Softener, Filter, Etc.</td> <td><input type="checkbox"/> Clothes Washer</td> </tr> <tr> <td rowspan="3"> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system </td> <td><input type="checkbox"/> Grease / Oil Separator</td> <td><input type="checkbox"/> Dish Washer</td> </tr> <tr> <td><input type="checkbox"/> Roof Drain</td> <td><input type="checkbox"/> Garbage Disposal</td> </tr> <tr> <td><input type="checkbox"/> Bidet</td> <td><input type="checkbox"/> Laundry Tub</td> </tr> <tr> <td rowspan="2"> <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. </td> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Water Heater</td> </tr> <tr> <td><input type="checkbox"/> Fixtures (Subtotal) Column 2</td> <td><input type="checkbox"/> Fixtures (Subtotal) Column 1</td> </tr> <tr> <td style="text-align: center;">OR</td> <td></td> <td><input type="checkbox"/> TOTAL FIXTURES</td> </tr> <tr> <td rowspan="2"> <input type="checkbox"/> TRANSFER FEE [\$10.00] </td> <td style="text-align: center;">Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture</td> <td><input type="checkbox"/> Fixture Fee</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Transfer Fee</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Hook-Up & Relocation Fee</td> </tr> <tr> <td colspan="2"> Please call 874-8703 with your permit # to schedule inspections! </td> <td> <input type="checkbox"/> PERMIT FEE (TOTAL) <u>110.00</u> </td> </tr> </tbody> </table>	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"/> 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"/> 3 Wash Basin	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> 2 Water Closet (Toilet)	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer	<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub	<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Fixtures (Subtotal) Column 1	OR		<input type="checkbox"/> TOTAL FIXTURES	<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<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!	
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