



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street: 59 Orland St. Portland ME 04103	
CBL: 082 E003	
PROPERTY OWNER(S) NAME	
OWNER NAME: Sharon A. Piantedosi	
Applicant Name: Sharon A. Piantedosi	
Mailing Address of Owner/Applicant (If Different)	
E Mail: shaboogrlz@yahoo.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.	
Sharon A. Piantedosi	
Signature of Owner/Applicant	Date

Town/City PORTLAND Permit # 2014 01960

Date Permit Issued 8/29/14 Fee: \$ 50 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

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure to be Served</b> 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 _____  <b>Please call 874-8703 with your permit # to schedule inspections!</b>	<b>Plumbing to be Installed by:</b> NAME: _____ E Mail: _____
		1. <input 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 checked="" type="checkbox"/> PROPERTY OWNER  LICENSE #

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
<input checked="" type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (separate)
		Urinal	1	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system		Water Treatment Softener, Filter, Etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Bidet		Laundry Tub
		Other: _____		Water Heater
	<b>Fixtures (Subtotal) Column 2</b>		2	<b>Fixtures (Subtotal) Column 1</b>
				<b>TOTAL FIXTURES</b>
<input type="checkbox"/> TRANSFER FEE (\$10.00)	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture			Fixture Fee
				Transfer Fee
			40.00	Hook-Up & Relocation Fee
<b>Please call 874-8703 with your permit # to schedule inspections!</b>			40.00	<b>PERMIT FEE (TOTAL)</b>