

PLUMBING PERMIT APPLICATION

| Street: 4 adams Street CBL: 084 MOO'700 L PROPERTY OWNER(S) NAME OWNER NAME: HOW MULTERN | | Town/City PORTLAND Date Permit Issue 10/10/10 Local Plumbing Inspector Sig | Permit # 2015 00104 15Fee: \$130 Double Fee Charged [] L.P.I. # 360 nature |
|---|---|---|---|
| Applicant Name: MacWilliams Mailing Address of 119 Skillings St Owner/Applicant 119 Skillings St (if Different) So Portland Me04106 E Mail: | | 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. | |
| Owner/Applicant Statement | | Caution: Inspection Required | |
| 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. | | I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application. | |
| Signature of Owner/Applicant | Date 2/8/15 | LPI Signature | Date Approved (Final) |
| PERMIT INFORMATION | | | |
| This Application is for | Type of Structure to be Served | | Plumbing to be Installed by; |
| 1 NEW PLUMBING 2 RELOCATED PLUMBING | 1 SINGLE FAMILY RESIDENCE | | NAME: David Melvel Caros 1 DAASTER PLUMBER |
| 020 | 2MODULAR OR MOBILE HOME | | |
| All Mis | 3 MULTIPLE FAMILY DWELLING | | 2 OIL BURNERMAN 3 MFG'D HOUSING DEALER / MECHANIC |
| TO THE PARTY OF | 4 DTHER-SPECIFY | | |
| 500 | Please call 874-8703 with your | | 4 PUBLIC UTILITY EMPLOYEE |
| | permit # to schedule inspections! | | 5 PROPERTY OWNER |
| San Sala | | | |
| | | | LICENSE # 1 <mark>M S 9 0 0 0 8 44 4</mark> |
| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Column 2 Number Type of Fixture | | Column 1 Number Type of Fixture |
| HOOK-UP: to public sewer by | I 게 Hosebib / Sillcock | | Number Type of Fixture |
| those cases where the | I Floor Drain | | |
| connection is not regulated and | Urinal | | _/ Sink |
| inspected by the local sanitary | Drinking Fountain | | 3 Wash Basin |
| district. | _ Indirect Waste | | 2 Water Closet (Toilet) |
| HOOK-UP: to an existing subsurface wastewater disposal system | _ Water Treatment Softener, Filter, Etc. | | _f Clothes Washer |
| Hasicwater disposal system | Grease / C | Oil Separator | / Dish Washer |
| | Roof Drain | | _ Garbage Disposal |
| PIPING RELOCATION: of sanitary | Bidet | | Laundry Tub |
| lines, drains, and piping without new fixtures. | Other: | | _ Water Heater |
| | 2 Fixtures (S | ubtotal) Column 2 | |
| OR | | | <u> </u> <u>@</u> TOTAL FIXTURES |
| TRANSFER FEE [\$10.00] | Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge | | Fixture Fee Transfer Fee |
| | | | Hook-Up & Relocation Fee |
| Please call 874-8703 with your permit # to schedule inspections! | | | 130 — PERMIT FEE (TOTAL) |