



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS
 Street: 2 OAK DR PEAKS ISLAND
 CBL:
PROPERTY OWNER(S) NAME
 OWNER NAME: KEVIN ~~SMITH~~ CARTER
 Applicant Name: DRIAN BAILEY
 Mailing Address of Owner/Applicant (if Different): 233 JOB RD STANBISH ME 04084
 E Mail: BAD4990@GMAIL.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.
 Signature of Owner/Applicant: [Signature] Date: 3-18-18

Town/City PORTLAND Permit # 2018-00001
 Date Permit Issued 3/19/18 Fee: \$ 50.00 Double Fee Charged
 Local Plumbing Inspector Signature _____ L.P.I.# 1081
 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 3/19/18 (Final)

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING PROPOSED MAR 19 2018	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 _____ Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: <u>DRIAN BAILEY</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>MS90016168</u>																																																																						
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