



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	19 Merriam Street/Peaks Island
CBL:	
PROPERTY OWNER(S) NAME	
OWNER NAME:	Barbara Carter
Applicant Name:	Chad Pickett
Mailing Address of Owner/Applicant (if Different)	124 Middle Rd Sabattus, ME
E Mail:	ccclpicket@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.	
Signature of Owner/Applicant	Date

Town/City	PORTLAND	Permit #	_____
Date Permit Issued	___ / ___ / ___	Fee: \$	_____ Double Fee Charged <input type="checkbox"/>
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

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure to be Served</p> <p>1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE</p> <p>2. <input checked="" 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 style="text-align: center;">Please call 874-8703 with your permit # to schedule inspections!</p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>Chad Pickett</u></p> <p>E Mail: _____</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>60007477</u></p>
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	Column 2		Column 1	
	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.	2	Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain	1	Shower (separate) <i>outside</i>
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, Etc.		Clothes Washer
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Other: _____		Water Heater
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
OR			TOTAL FIXTURES	
<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture		Fixture Fee	
			Transfer Fee	
			Hook-Up & Relocation Fee	

Please call 874-8703 with your permit # to schedule inspections!	PERMIT FEE (TOTAL)
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