



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 82 Ledgewood Ave., Peaks

CBL: 87-O-1

PROPERTY OWNER(S) NAME

OWNER NAME: Aiello, Gail R., Trustee

Applicant Name: R. Kirk Goodhue

Mailing Address of Owner/Applicant (if Different): Kirk Goodhue
Port Island Realty

E Mail: Kirk@PortIsland.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.

1/26/2016

Signature of Owner/Applicant

Date

Town/City PORTLAND

Permit # _____

Date Permit Issued ____ / ____ / ____ Fee: \$ _____ Double Fee Charged

L.P.I. # 360

Local Plumbing Inspector 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. NEW PLUMBING
2. RELOCATED PLUMBING
3. "After The Fact" Permit

Type of Structure to be Served

1. SINGLE FAMILY RESIDENCE
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER-SPECIFY _____

Please call 874-8703 with your permit # to schedule inspections!

Plumbing to be Installed by:

NAME: Owner (Larry Aiello)

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D HOUSING DEALER / MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE # 0000000000000000

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	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 checked="" type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/>	Hosebib / Sillcock	<input type="checkbox"/>	Bathtub (and Shower)
	<input checked="" type="checkbox"/>	Floor Drain	<input checked="" type="checkbox"/>	Shower (separate)
	<input type="checkbox"/>	Urinal	<input checked="" type="checkbox"/>	Sink
	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Wash Basin
	<input type="checkbox"/>	Indirect Waste	<input checked="" type="checkbox"/>	Water Closet (Toilet)
	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Clothes Washer
	<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"/>	Other: _____	<input type="checkbox"/>	Water Heater
Fixtures (Subtotal) Column 2		<input checked="" type="checkbox"/>	Fixtures (Subtotal) Column 1	
OR		<input checked="" 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 checked="" type="checkbox"/> 60. Fixture Fee <input checked="" type="checkbox"/> 10. Transfer Fee	
			<input type="checkbox"/> Hook-Up & Relocation Fee	
Please call 874-8703 with your permit # to schedule inspections!			70.00 PERMIT FEE (TOTAL)	