



# PLUMBING PERMIT APPLICATION

| PROPERTY ADDRESS  |   |
|---|---|
| Street:   | 38 Lower A Street, Peaks Island               |
| CBL:  | 087 H H026                                    |
| PROPERTY OWNER(S) NAME  |   |
| OWNER NAME:   | Ann Cannon                                    |
| Applicant Name:   | Goggin Energy                                 |
| Mailing Address of Owner/Applicant (if Different)   | 22 Free Street, Ste 300<br>Portland, ME 04101 |
| E Mail:   | pbj@goggin.net                                |
| 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  |
| Paula E. Junkins  | 5/21/15                                       |

Town/City **PORTLAND** Permit # **201501181**

Date Permit Issued **5/21/15** Fee: \$ **50** Double Fee Charged

*[Signature]* 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

| <b>This Application is for</b><br>1. <input type="checkbox"/> NEW PLUMBING<br>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING              | <b>Type of Structure to be Served</b><br>1. <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE<br>2. <input type="checkbox"/> MODULAR OR MOBILE HOME<br>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING<br>4. <input type="checkbox"/> OTHER-SPECIFY _____<br><br><b>Please call 874-8703 with your permit # to schedule inspections!</b>  | <i>Charles Fortin</i><br><b>Plumbing to be installed by:</b><br><b>NAME: Solar Rock Plumbing</b><br>1. <input checked="" type="checkbox"/> MASTER PLUMBER<br>2. <input type="checkbox"/> OIL BURNERMAN<br>3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC<br>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE<br>5. <input type="checkbox"/> PROPERTY OWNER<br><br>LICENSE # <b>MS1937</b> |                                    |                                    |  |   |   |  |                                      |  |  |                                 |                               |  |  |                                     |  |   |  |  |   |   |  |   |                                      |  |                                     |   |   |                                |                                      |  |                                       |  |  |                                     |                                     |  |  |                       |   |   |   |  |  |   |   |  |
|--|--|---|------------------------------------|------------------------------------|--|---|---|--|--------------------------------------|--|--|---------------------------------|-------------------------------|--|--|-------------------------------------|--|---|--|--|---|---|--|---|--------------------------------------|--|-------------------------------------|---|---|--------------------------------|--------------------------------------|--|---------------------------------------|--|--|-------------------------------------|-------------------------------------|--|--|-----------------------|---|---|---|--|--|---|---|--|
|  | <table border="1"> <thead> <tr> <th>Hook-Up &amp; Piping Relocation<br/>Maximum of 1 Hook-Up</th> <th>Column 2<br/>Number Type of Fixture</th> <th>Column 1<br/>Number Type of Fixture</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.</td> <td><input type="checkbox"/> Hosebib / Sillcock</td> <td><input type="checkbox"/> Bathtub (and Shower)</td> </tr> <tr> <td><input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system</td> <td><input type="checkbox"/> Floor Drain</td> <td><input type="checkbox"/> Shower (separate)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/> Sink</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Drinking Fountain</td> <td><input type="checkbox"/> Wash Basin</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Indirect Waste</td> <td><input type="checkbox"/> Water Closet (Toilet)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Water Treatment Softener, Filter, Etc.</td> <td><input type="checkbox"/> Clothes Washer</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Grease / Oil Separator</td> <td><input type="checkbox"/> Dish Washer</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Roof Drain</td> <td><input type="checkbox"/> Garbage Disposal</td> </tr> <tr> <td><input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</td> <td><input type="checkbox"/> Bidet</td> <td><input type="checkbox"/> Laundry Tub</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other: _____</td> <td><input checked="" type="checkbox"/> Water Heater</td> </tr> <tr> <td></td> <td><b>Fixtures (Subtotal) Column 2</b></td> <td><b>Fixtures (Subtotal) Column 1</b></td> </tr> <tr> <td></td> <td></td> <td><b>TOTAL FIXTURES</b></td> </tr> <tr> <td><input type="checkbox"/> TRANSFER FEE \$[10.00]</td> <td>Fees:<br/>\$10 Surcharge + First 4 fixtures = \$50 Minimum<br/>Over 4 = \$10 Surcharge + \$10/fixture</td> <td><input type="checkbox"/> Fixture Fee<br/><input type="checkbox"/> Transfer Fee</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Hook-Up &amp; Relocation Fee</td> </tr> <tr> <td colspan="2"><b>Please call 874-8703 with your permit # to schedule inspections!</b></td> <td><b>50.00 PERMIT FEE (TOTAL)</b></td> </tr> </tbody> </table> | Hook-Up & Piping Relocation<br>Maximum of 1 Hook-Up   | Column 2<br>Number Type of Fixture | Column 1<br>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 type="checkbox"/> Hosebib / Sillcock | <input type="checkbox"/> Bathtub (and Shower) | <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system | <input type="checkbox"/> Floor Drain | <input type="checkbox"/> Shower (separate) |  | <input type="checkbox"/> Urinal | <input type="checkbox"/> Sink |  | <input type="checkbox"/> Drinking Fountain | <input type="checkbox"/> Wash Basin |  | <input type="checkbox"/> Indirect Waste | <input 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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | <input type="checkbox"/> Bidet | <input type="checkbox"/> Laundry Tub |  | <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> Water Heater |  | <b>Fixtures (Subtotal) Column 2</b> | <b>Fixtures (Subtotal) Column 1</b> |  |  | <b>TOTAL FIXTURES</b> | <input type="checkbox"/> TRANSFER FEE \$[10.00] | Fees:<br>\$10 Surcharge + First 4 fixtures = \$50 Minimum<br>Over 4 = \$10 Surcharge + \$10/fixture | <input type="checkbox"/> Fixture Fee<br><input type="checkbox"/> Transfer Fee |  |  | <input type="checkbox"/> Hook-Up & Relocation Fee | <b>Please call 874-8703 with your permit # to schedule inspections!</b> |  |
| Hook-Up & Piping Relocation<br>Maximum of 1 Hook-Up  | Column 2<br>Number Type of Fixture   | Column 1<br>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 type="checkbox"/> Hosebib / Sillcock  | <input type="checkbox"/> Bathtub (and Shower)   |                                    |                                    |  |   |   |  |                                      |  |  |                                 |                               |  |  |                                     |  |   |  |  |   |   |  |   |                                      |  |                                     |   |   |                                |                                      |  |                                       |  |  |                                     |                                     |  |  |                       |   |   |   |  |  |   |   |  |
| <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system   | <input type="checkbox"/> Floor Drain   | <input type="checkbox"/> Shower (separate)  |                                    |                                    |  |   |   |  |                                      |  |  |                                 |                               |  |  |                                     |  |   |  |  |   |   |  |   |                                      |  |                                     |   |   |                                |                                      |  |                                       |  |  |                                     |                                     |  |  |                       |   |   |   |  |  |   |   |  |
|  | <input type="checkbox"/> Urinal  | <input type="checkbox"/> Sink   |                                    |                                    |  |   |   |  |                                      |  |  |                                 |                               |  |  |                                     |  |   |  |  |   |   |  |   |                                      |  |                                     |   |   |                                |                                      |  |                                       |  |  |                                     |                                     |  |  |                       |   |   |   |  |  |   |   |  |
|  | <input type="checkbox"/> Drinking Fountain   | <input type="checkbox"/> Wash Basin   |                                    |                                    |  |   |   |  |                                      |  |  |                                 |                               |  |  |                                     |  |   |  |  |   |   |  |   |                                      |  |                                     |   |   |                                |                                      |  |                                       |  |  |                                     |                                     |  |  |                       |   |   |   |  |  |   |   |  |
|  | <input type="checkbox"/> Indirect Waste  | <input 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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.  | <input type="checkbox"/> Bidet   | <input type="checkbox"/> Laundry Tub  |                                    |                                    |  |   |   |  |                                      |  |  |                                 |                               |  |  |                                     |  |   |  |  |   |   |  |   |                                      |  |                                     |   |   |                                |                                      |  |                                       |  |  |                                     |                                     |  |  |                       |   |   |   |  |  |   |   |  |
|  | <input type="checkbox"/> Other: _____  | <input checked="" type="checkbox"/> Water Heater  |                                    |                                    |  |   |   |  |                                      |  |  |                                 |                               |  |  |                                     |  |   |  |  |   |   |  |   |                                      |  |                                     |   |   |                                |                                      |  |                                       |  |  |                                     |                                     |  |  |                       |   |   |   |  |  |   |   |  |
|  | <b>Fixtures (Subtotal) Column 2</b>  | <b>Fixtures (Subtotal) Column 1</b>   |                                    |                                    |  |   |   |  |                                      |  |  |                                 |                               |  |  |                                     |  |   |  |  |   |   |  |   |                                      |  |                                     |   |   |                                |                                      |  |                                       |  |  |                                     |                                     |  |  |                       |   |   |   |  |  |   |   |  |
|  |  | <b>TOTAL FIXTURES</b>   |                                    |                                    |  |   |   |  |                                      |  |  |                                 |                               |  |  |                                     |  |   |  |  |   |   |  |   |                                      |  |                                     |   |   |                                |                                      |  |                                       |  |  |                                     |                                     |  |  |                       |   |   |   |  |  |   |   |  |
| <input type="checkbox"/> TRANSFER FEE \$[10.00]  | Fees:<br>\$10 Surcharge + First 4 fixtures = \$50 Minimum<br>Over 4 = \$10 Surcharge + \$10/fixture  | <input type="checkbox"/> Fixture Fee<br><input type="checkbox"/> Transfer Fee   |                                    |                                    |  |   |   |  |                                      |  |  |                                 |                               |  |  |                                     |  |   |  |  |   |   |  |   |                                      |  |                                     |   |   |                                |                                      |  |                                       |  |  |                                     |                                     |  |  |                       |   |   |   |  |  |   |   |  |
|  |  | <input type="checkbox"/> Hook-Up & Relocation Fee   |                                    |                                    |  |   |   |  |                                      |  |  |                                 |                               |  |  |                                     |  |   |  |  |   |   |  |   |                                      |  |                                     |   |   |                                |                                      |  |                                       |  |  |                                     |                                     |  |  |                       |   |   |   |  |  |   |   |  |
| <b>Please call 874-8703 with your permit # to schedule inspections!</b>  |  | <b>50.00 PERMIT FEE (TOTAL)</b>   |                                    |                                    |  |   |   |  |                                      |  |  |                                 |                               |  |  |                                     |  |   |  |  |   |   |  |   |                                      |  |                                     |   |   |                                |                                      |  |                                       |  |  |                                     |                                     |  |  |                       |   |   |   |  |  |   |   |  |

**CITY OF PORTLAND**  
**DEPARTMENT OF PLANNING & URBAN DEVELOPMENT**  
 389 Congress Street  
 Portland, Maine 04101

**PLUMBING PERMIT RECEIPT**

|  |  |
|--|--|
| <b>Application No:</b> 2015-01181                | <b>Applicant:</b> CANNON ANN M & PETER J JTS |
| <b>Project Desc:</b> Installing a new H2O heater | <b>Location:</b> 38 LOWER A ST               |
| <b>CBL:</b> 087 HH026001                         | <b>Plumber:</b> CHARLES A. FORTIN            |
| <b>Invoice Date:</b> 05/27/2015                  | <b>License #:</b> MS1937                     |

|                         |   |                         |   |                     |   |                        |   |                  |                         |
|-------------------------|---|-------------------------|---|---------------------|---|------------------------|---|------------------|-------------------------|
| <b>Previous Balance</b> | - | <b>Payment Received</b> | + | <b>Current Fees</b> | - | <b>Current Payment</b> | = | <b>Total Due</b> | <b>Payment Due Date</b> |
| \$0.00                  |   | \$0.00                  |   | \$50.00             |   | \$50.00                |   | \$0.00           | On Receipt              |

**Previous Balance** **\$0.00**

| Fee Description     | Qty | Fee     |
|---------------------|-----|---------|
| Plumbing Permit Fee | 1   | \$40.00 |
| Surcharge           | 1   | \$10.00 |
| Water Heater        | 1   | \$10.00 |
|                     |     | \$50.00 |

**Total Current Payments:** - **\$50.00**

**Minimum Amount Due Now:** **\$0.00**

**CBL:** 087 HH026001    **Application No:** 2015-01181  
**Bill to:** CANNON ANN M & PETER J JTS  
 38 LOWER A ST  
 PEAKS ISLAND, ME 04108

**Invoice Date:** 05/27/2015  
**Invoice No:** 49361  
**Total Amt Due:** \$0.00  
**Payment Amount:** \$50.00

Make checks payable to the *City of Portland*, ATTN: Inspections, 3rd Floor, 389 Congress Street, Portland, ME 04101.