



87-II 6

11123

P.

CATION

PROPERTY ADDRESS		Town/City		Permit #																																																											
Street: 102 Bracket Ave		PORTLAND		2012-4-9643																																																											
CBL: 087-11-006-001		Date Permit Issued: 10/25/12		Fee: \$ 50 Double Fee Charged []																																																											
PROPERTY OWNER(S) NAME		Local Plumbing Inspector Signature		L.P.I. # 360																																																											
NAME: Morten Asbjornsen		<p>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.</p> <p style="text-align: center;">Caution: Inspection Required</p> <p>I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.</p>																																																													
Applicant Name:																																																															
Mailing Address of Owner/Applicant (if Different): same																																																															
<p>Owner/Applicant Statement</p> <p>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.</p> <p>Signature of Owner/Applicant: <i>[Signature]</i> Date: 10/24/12</p>		Date Approved (Rough-in)		Date Approved (Final)																																																											
		LPI Signature																																																													
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 checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE</p> <p>2. <input 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>Plumbing to be Installed by:</p> <p>NAME: _____</p> <p>1. <input 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 checked="" type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # </p>																																																											
<p>Hook-Up & Piping Relocation Maximum of 1 Hook-Up</p> <p><input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.</p> <p><input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system</p> <p><input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p>OR</p> <p><input type="checkbox"/> TRANSFER FEE [\$10.00]</p>		<p>Column 2</p> <table border="1"> <thead> <tr> <th>Number</th> <th>Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Hosebib / Sillcock</td></tr> <tr><td><input type="checkbox"/></td><td>Floor Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Urinal</td></tr> <tr><td><input type="checkbox"/></td><td>Drinking Fountain</td></tr> <tr><td><input type="checkbox"/></td><td>Indirect Waste</td></tr> <tr><td><input type="checkbox"/></td><td>Water Treatment Softener, Filter, Etc.</td></tr> <tr><td><input type="checkbox"/></td><td>Grease / Oil Separator</td></tr> <tr><td><input type="checkbox"/></td><td>Roof Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Bidet</td></tr> <tr><td><input type="checkbox"/></td><td>Other: _____</td></tr> <tr><td><input type="checkbox"/></td><td>Fixtures (Subtotal) Column 2</td></tr> </tbody> </table>		Number	Type of Fixture	<input type="checkbox"/>	Hosebib / Sillcock	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Grease / Oil Separator	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Fixtures (Subtotal) Column 2	<p>Column 1</p> <table border="1"> <thead> <tr> <th>Number</th> <th>Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Bathtub (and Shower)</td></tr> <tr><td><input type="checkbox"/></td><td>Shower (separate)</td></tr> <tr><td><input type="checkbox"/></td><td>Sink</td></tr> <tr><td><input type="checkbox"/></td><td>Wash Basin</td></tr> <tr><td><input type="checkbox"/></td><td>Water Closet (Toilet)</td></tr> <tr><td><input type="checkbox"/></td><td>Clothes Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Dish Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Garbage Disposal</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Laundry Tub</td></tr> <tr><td><input type="checkbox"/></td><td>Water Heater</td></tr> <tr><td><input type="checkbox"/></td><td>Fixtures (Subtotal) Column 1</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>TOTAL FIXTURES</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Fixture Fee</td></tr> <tr><td><input type="checkbox"/></td><td>Transfer Fee</td></tr> <tr><td><input type="checkbox"/></td><td>Hook-Up & Relocation Fee</td></tr> <tr><td><input type="checkbox"/></td><td>PERMIT FEE (TOTAL)</td></tr> </tbody> </table>		Number	Type of Fixture	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	Shower (separate)	<input type="checkbox"/>	Sink	<input type="checkbox"/>	Wash Basin	<input type="checkbox"/>	Water Closet (Toilet)	<input type="checkbox"/>	Clothes Washer	<input type="checkbox"/>	Dish Washer	<input type="checkbox"/>	Garbage Disposal	<input checked="" type="checkbox"/>	Laundry Tub	<input type="checkbox"/>	Water Heater	<input type="checkbox"/>	Fixtures (Subtotal) Column 1	<input checked="" type="checkbox"/>	TOTAL FIXTURES	<input checked="" type="checkbox"/>	Fixture Fee	<input type="checkbox"/>	Transfer Fee	<input type="checkbox"/>	Hook-Up & Relocation Fee	<input type="checkbox"/>	PERMIT FEE (TOTAL)
Number	Type of Fixture																																																														
<input type="checkbox"/>	Hosebib / Sillcock																																																														
<input type="checkbox"/>	Floor Drain																																																														
<input type="checkbox"/>	Urinal																																																														
<input type="checkbox"/>	Drinking Fountain																																																														
<input type="checkbox"/>	Indirect Waste																																																														
<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.																																																														
<input type="checkbox"/>	Grease / Oil Separator																																																														
<input type="checkbox"/>	Roof Drain																																																														
<input type="checkbox"/>	Bidet																																																														
<input type="checkbox"/>	Other: _____																																																														
<input type="checkbox"/>	Fixtures (Subtotal) Column 2																																																														
Number	Type of Fixture																																																														
<input type="checkbox"/>	Bathtub (and Shower)																																																														
<input type="checkbox"/>	Shower (separate)																																																														
<input type="checkbox"/>	Sink																																																														
<input type="checkbox"/>	Wash Basin																																																														
<input type="checkbox"/>	Water Closet (Toilet)																																																														
<input type="checkbox"/>	Clothes Washer																																																														
<input type="checkbox"/>	Dish Washer																																																														
<input type="checkbox"/>	Garbage Disposal																																																														
<input checked="" type="checkbox"/>	Laundry Tub																																																														
<input type="checkbox"/>	Water Heater																																																														
<input type="checkbox"/>	Fixtures (Subtotal) Column 1																																																														
<input checked="" type="checkbox"/>	TOTAL FIXTURES																																																														
<input checked="" type="checkbox"/>	Fixture Fee																																																														
<input type="checkbox"/>	Transfer Fee																																																														
<input type="checkbox"/>	Hook-Up & Relocation Fee																																																														
<input type="checkbox"/>	PERMIT FEE (TOTAL)																																																														
		Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge																																																													
		HPE-211 Rev. 09/2011																																																													

87 II 6