



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street: 188 Whitehead Ave.	
CBL: 106CA023001	
PROPERTY OWNER(S) NAME	
OWNER NAME: Dwight Brew	
Applicant Name: Kane Plumbing & Heating	
Mailing Address of Owner/Applicant PO Box 1505 Gray, ME 04039 (if Different)	
E Mail: Kanepumbingandheating@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 Michael Kane	Date

Town/City PORTLAND	Permit # _____
Date Permit Issued ____ / ____ / ____	Fee: \$ _____ Double Fee Charged <input type="checkbox"/>
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. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	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 _____ <div style="background-color: #90EE90; padding: 5px; text-align: center;"> Please call 874-8703 with your permit # to schedule inspections! </div>	Plumbing to be Installed by: NAME: Michael Kane E Mail: Kanepumbingandheating@Gmail.com 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 # MS90012641
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 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"/> HOOK-UP: to an existing subsurface wastewater disposal system	2 Hosebib / Sillcock	3 Bathtub (and Shower)
	Floor Drain	1 Shower (separate)
	Urinal	5 Sink
	Drinking Fountain	Wash Basin
	Indirect Waste	4 Water Closet (Toilet)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	Water Treatment Softener, Filter, Etc.	1 Clothes Washer
	Grease / Oil Separator	1 Dish Washer
	Roof Drain	Garbage Disposal
OR	Bidet	Laundry Tub
	Other: _____	1 Water Heater
	Fixtures (Subtotal) Column 2	16 Fixtures (Subtotal) Column 1
		18 TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE \$[10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture	180.00 Fixture Fee + Transfer Fee
		Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		180.00 PERMIT FEE (TOTAL)