



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS
 Street: 76 Ravens Rd/Cliff Island
 CBL: \

PROPERTY OWNER(S) NAME
 OWNER NAME: Ruby Simonds
 Applicant Name: DAN Robey Services
 Mailing Address of Owner/Applicant (if Different): 42 Alexander Rd Brunswick, ME 04011
 E Mail: danrobey84@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]
 Signature of Owner/Applicant Date: 11/10/15

Town/City PORTLAND Permit # _____
 Date Permit Issued 11/11 Fee: \$ _____ Double Fee Charged []
 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

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 _____ <p style="text-align: center;">Please call 874-8703 with your permit # to schedule inspections!</p>	Plumbing to be Installed by: NAME: <u>Mike Crocker/D.R.S.</u> 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 # <u>09947</u> <u>MS90009947</u>
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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 checked="" type="checkbox"/> Hosebib / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input 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 checked="" type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input checked="" type="checkbox"/> Water Closet (Toilet)
<input checked="" type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input checked="" type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input checked="" 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
OR	<input checked="" type="checkbox"/> Fixtures (Subtotal) Column 2	<input checked="" type="checkbox"/> Fixtures (Subtotal) Column 1
	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<input checked="" type="checkbox"/> TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE [\$10.00]		<input checked="" type="checkbox"/> Fixture Fee <input type="checkbox"/> Transfer Fee
		<input checked="" type="checkbox"/> Hook-Up & Relocation Fee

Please call 874-8703 with your permit # to schedule inspections! 90- PERMIT FEE (TOTAL)



STATE OF MAINE
DEPT OF PROFESSIONAL & FINANCIAL REGULATION
PLUMBERS EXAMINING BOARD

LICENSE # MS90009947

MICHAEL B. GROCKER
LICENSED MASTER PLUMBER

ISSUED Oct 01, 2014 EXPIRES Sep 30, 2016

Any Questions please call
207-319-4626
danrobey84@yahoo.com

DAN Robey.
D.R.S.