



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	90 PITT STREET
CBL:	117 3013 001
PROPERTY OWNER(S) NAME	
OWNER NAME:	ABBY ZIMET
Applicant Name:	ATLANTIC HEATING CO.
Mailing Address of Owner/Applicant (if Different)	474 RIVERSIDE INDUSTRIAL PARKWAY
E Mail:	JEFFB@ATLANTICHEATIN
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.	
JEFF BELLINO	4/17/17
Signature of Owner/Applicant	Date

Town/City	PORTLAND	Permit #	2017-07149
Date Permit Issued	4/19/17	Fee: \$	Double Fee Charged <input type="checkbox"/>
Local Plumbing Inspector Signature		L.P.I. # 1081	
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

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">APR 19 2017</p> <p style="text-align: center;">Dept. of Building Inspections City of Portland Maine</p>	<p>Type of Structure to be Served</p> <p>1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER-SPECIFY _____</p> <p style="text-align: center;">Please call 874-8703 with your permit # to schedule inspections!</p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>THOMAS FLETCHER</u></p> <p>1. <input checked="" 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 type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>MS90014166</u></p>
<p>Hook-Up & Piping Relocation Maximum of 1 Hook-Up</p>	<p>Column 2 Number Type of Fixture</p>	<p>Column 1 Number Type of Fixture</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.	<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"/> 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"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Grease / Oil Separator <input type="checkbox"/> Roof Drain	<input type="checkbox"/> Dish Washer <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"/> Other: _____	<input type="checkbox"/> Laundry Tub <input checked="" type="checkbox"/> Water Heater
OR	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
<input type="checkbox"/> TRANSFER FEE \$10.00	<p>Fees:</p> <p>\$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture</p>	<input type="checkbox"/> TOTAL FIXTURES <input type="checkbox"/> Fixture Fee <input type="checkbox"/> Transfer Fee
		<input type="checkbox"/> Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		<p>50 PERMIT FEE (TOTAL)</p>