



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	75 FESSENDEN ST
CBL:	PORTLAND ME 04103
PROPERTY OWNER(S) NAME	
OWNER NAME:	PHOENIX/RIOUX, CARYN/LUKE
Applicant Name:	THE MJ COMPANY
Mailing Address of Owner/Applicant (if Different)	19 WYNDHAM ST, PTLD ME 04103
E Mail:	klatini.kl@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	Date
David Dibiase	

Town/City	PORTLAND	Permit #	_____
Date Permit Issued	___ / ___ / ___	Fee: \$	_____ Double Fee Charged <input type="checkbox"/>
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 _____ <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: DAVID DIBIASE E Mail: klatini.kl@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 # 6615
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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 type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	Hosebib / Sillcock	1 Bathtub (and Shower)
	Floor Drain	1 Shower (separate)
	Urinal	Sink
	Drinking Fountain	2 Wash Basin
	Indirect Waste	1 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	Dish Washer
	Roof Drain	Garbage Disposal
OR	Bidet	Laundry Tub
	Other: _____	Water Heater
	Fixtures (Subtotal) Column 2	6 Fixtures (Subtotal) Column 1
		TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture	Fixtures Fee
		Transfer Fee
		Hook-Up & Relocation Fee

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