



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street: 71 Fessenden Street, Portla	
CBL: 117 3022001	
PROPERTY OWNER(S) NAME	
OWNER NAME: Ryan Wight	
Applicant Name: Robert Greene	
Mailing Address of Owner/Applicant (if Different) 89 Main Street, Yarmouth, N	
E Mail: plumb-it@hotmail.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.	
Robert W. Greene	5-8-2017
Signature of Owner/Applicant	Date

Town/City	PORTLAND	Permit #	2017-07180
Date Permit Issued	5-19-17	Fee: \$	50.00
		Double Fee Charged	<input type="checkbox"/>
		L.P.I. #	1081
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.			
<b>Caution: Inspection Required</b>			
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.			
		5-9-2017	
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>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;"><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>	<p>Plumbing to be Installed by:</p> <p>NAME: Robert Greene</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 # 02645</p>																																																										
<p>Hook-Up &amp; 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 style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> TRANSFER FEE \$10.00</p>	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 2 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 colspan="2" style="text-align: right;"><b>Fixtures (Subtotal) Column 2</b></td> </tr> </tbody> </table> <p style="text-align: center;">Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture</p>	Number	Column 2 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: _____	<b>Fixtures (Subtotal) Column 2</b>		<table border="1"> <thead> <tr> <th>Number</th> <th>Column 1 Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Bathtub (and Shower)</td></tr> <tr><td>01</td><td>Shower (separate)</td></tr> <tr><td><input type="checkbox"/></td><td>Sink</td></tr> <tr><td>01</td><td>Wash Basin</td></tr> <tr><td>01</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 type="checkbox"/></td><td>Laundry Tub</td></tr> <tr><td><input type="checkbox"/></td><td>Water Heater</td></tr> <tr> <td colspan="2" style="text-align: right;"><b>Fixtures (Subtotal) Column 1</b></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>TOTAL FIXTURES</b></td> </tr> <tr> <td>40</td> <td>Fixture Fee</td> </tr> <tr> <td>10</td> <td>Transfer Fee <i>Surcharge</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hook-Up &amp; Relocation Fee</td> </tr> <tr> <td>50.00</td> <td><b>PERMIT FEE (TOTAL)</b></td> </tr> </tbody> </table>	Number	Column 1 Type of Fixture	<input type="checkbox"/>	Bathtub (and Shower)	01	Shower (separate)	<input type="checkbox"/>	Sink	01	Wash Basin	01	Water Closet (Toilet)	<input type="checkbox"/>	Clothes Washer	<input type="checkbox"/>	Dish Washer	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Laundry Tub	<input type="checkbox"/>	Water Heater	<b>Fixtures (Subtotal) Column 1</b>		<b>TOTAL FIXTURES</b>		40	Fixture Fee	10	Transfer Fee <i>Surcharge</i>	<input type="checkbox"/>	Hook-Up & Relocation Fee	50.00	<b>PERMIT FEE (TOTAL)</b>
Number	Column 2 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: _____																																																											
<b>Fixtures (Subtotal) Column 2</b>																																																												
Number	Column 1 Type of Fixture																																																											
<input type="checkbox"/>	Bathtub (and Shower)																																																											
01	Shower (separate)																																																											
<input type="checkbox"/>	Sink																																																											
01	Wash Basin																																																											
01	Water Closet (Toilet)																																																											
<input type="checkbox"/>	Clothes Washer																																																											
<input type="checkbox"/>	Dish Washer																																																											
<input type="checkbox"/>	Garbage Disposal																																																											
<input type="checkbox"/>	Laundry Tub																																																											
<input type="checkbox"/>	Water Heater																																																											
<b>Fixtures (Subtotal) Column 1</b>																																																												
<b>TOTAL FIXTURES</b>																																																												
40	Fixture Fee																																																											
10	Transfer Fee <i>Surcharge</i>																																																											
<input type="checkbox"/>	Hook-Up & Relocation Fee																																																											
50.00	<b>PERMIT FEE (TOTAL)</b>																																																											
<p><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>		<p>2017-00088</p>																																																										