



# PLUMBING PERMIT APPLICATION

<b>PROPERTY ADDRESS</b>		Town/City <b>PORTLAND</b> Permit # <b>2017-07929</b>	
Street: <b>42 Highland Street</b>		Date Permit Issued: <b>8/25/17</b> Fee: \$ <b>50</b> Double Fee Charged <input type="checkbox"/>	
CBL: <b>Portland Maine 121 0034 001</b>		L.P.I. # <b>1081</b>	
<b>PROPERTY OWNER(S) NAME</b>		Local Plumbing Inspector Signature _____	
OWNER NAME: <b>Martha Peterson</b>		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.	
Applicant Name: <b>PineState Services/Sam Ma</b>		<p align="center"><b>Caution: Inspection Required</b></p> I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.	
Mailing Address of Owner/Applicant (if Different): <b>3 Eisenhower Drive Westbrook, Maine 04092</b>			
E Mail: <b>cynthiam@pinestateservice.com</b>		<p align="center"><b>Caution: Inspection Required</b></p> I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.	
<b>Owner/Applicant Statement</b>		<p align="center"><b>Caution: Inspection Required</b></p> I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.	
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.		<p align="center"><b>Caution: Inspection Required</b></p> I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.	
<b>PSS/Cynthia Malloy</b> <b>08/25/2017</b> Signature of Owner/Applicant      Date		LPI Signature _____      Date Approved (Final) <b>8-25-2017</b>	

PERMIT INFORMATION																																																				
<b>This Application is for</b> 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING  <p align="center"><b>RECEIVED</b></p> <p align="center"><b>AUG 25 2017</b></p> Permitting & Inspections City of Portland Maine	<b>Type of Structure to be Served</b> 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 align="center"><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>	<b>Plumbing to be Installed by:</b> <b>NAME: Sameul Marcisso</b> 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 # <b>MS2501</b>																																																		
<b>Hook-Up &amp; Piping Relocation</b> Maximum of 1 Hook-Up <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 <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<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><input type="checkbox"/></td><td><b>Fixtures (Subtotal) Column 2</b></td></tr> </tbody> </table>	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: _____	<input type="checkbox"/>	<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>Bathub (and Shower)</td></tr> <tr><td><input type="checkbox"/></td><td>Shower (separate)</td></tr> <tr><td><input type="checkbox"/></td><td>Sink</td></tr> <tr><td><input type="checkbox"/></td><td>Wash Basin</td></tr> <tr><td><input type="checkbox"/></td><td>Water Closet (Toilet)</td></tr> <tr><td><input checked="" 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><input type="checkbox"/></td><td><b>Fixtures (Subtotal) Column 1</b></td></tr> <tr><td><input type="checkbox"/></td><td><b>TOTAL FIXTURES</b></td></tr> </tbody> </table>	Number	Column 1 Type of Fixture	<input type="checkbox"/>	Bathub (and Shower)	<input type="checkbox"/>	Shower (separate)	<input type="checkbox"/>	Sink	<input type="checkbox"/>	Wash Basin	<input type="checkbox"/>	Water Closet (Toilet)	<input checked="" type="checkbox"/>	Clothes Washer	<input type="checkbox"/>	Dish Washer	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Laundry Tub	<input type="checkbox"/>	Water Heater	<input type="checkbox"/>	<b>Fixtures (Subtotal) Column 1</b>	<input type="checkbox"/>	<b>TOTAL FIXTURES</b>
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