



PLUMBING PERMIT APPLICATION

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| PROPERTY ADDRESS | | PLUMBING PERMIT APPLICATION | |
| Street: 358 WOODFORD STREET 360 | | Town/City PORTLAND | Permit # 2017-07440 |
| CBL: 122 E007 001 | | Date Permit Issued 11/29/17 | Fee: \$ 50.00 Double Fee Charged <input type="checkbox"/> |
| PROPERTY OWNER(S) NAME | | L.P.I. # 1081 | |
| OWNER NAME: GREGORY STONE | | Local Plumbing Inspector Signature _____ | |
| Applicant Name: ATLANTIC HEATING CO. | | <p>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.</p> <p style="text-align: center;">Caution: Inspection Required</p> <p>I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.</p> <p style="text-align: right;">11-29-2017</p> | |
| Mailing Address of Owner/Applicant (if Different) 474 RIVERSIDE INDUSTRIAL PARKWAY | | | |
| E Mail: JEFFB@ATLANTICHEATIN | | | |
| Owner/Applicant Statement | | LPI Signature _____ | |
| <p>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> <p>JEFF BELLINO 11/27/17</p> <p>Signature of Owner/Applicant _____ Date _____</p> | | 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; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.2em;">NOV 29 2017</p> <p style="text-align: center;">Permitting & 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; background-color: yellow; font-weight: bold;">Please call 874-8703 with your permit # to schedule inspections!</p> | <p>Plumbing to be Installed by:</p> <p>NAME: JEFFREY SEVIGNY</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 # MS90014756</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> | |
| <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"/> Hosebib / Sillcock</p> <p><input type="checkbox"/> Floor Drain</p> <p><input type="checkbox"/> Urinal</p> <p><input type="checkbox"/> Drinking Fountain</p> <p><input type="checkbox"/> Indirect Waste</p> <p><input type="checkbox"/> Water Treatment Softener, Filter, Etc.</p> <p><input type="checkbox"/> Grease / Oil Separator</p> <p><input type="checkbox"/> Roof Drain</p> <p><input type="checkbox"/> Bidet</p> <p><input type="checkbox"/> Other: _____</p> | <p><input type="checkbox"/> Bathtub (and Shower)</p> <p><input type="checkbox"/> Shower (separate)</p> <p><input type="checkbox"/> Sink</p> <p><input type="checkbox"/> Wash Basin</p> <p><input type="checkbox"/> Water Closet (Toilet)</p> <p><input type="checkbox"/> Clothes Washer</p> <p><input type="checkbox"/> Dish Washer</p> <p><input type="checkbox"/> Garbage Disposal</p> <p><input type="checkbox"/> Laundry Tub</p> <p><input type="checkbox"/> Water Heater</p> | |
| <p><input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system</p> | <p><input type="checkbox"/> Fixtures (Subtotal) Column 2</p> | <p><input type="checkbox"/> Fixtures (Subtotal) Column 1</p> | |
| OR | | TOTAL FIXTURES | |
| <p><input type="checkbox"/> TRANSFER FEE \$10.00</p> | <p>Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture</p> | <p>40.00 Fixture Fee</p> <p>10.00 Transfer Fee</p> <p>Hook-Up & Relocation Fee</p> | |
| Please call 874-8703 with your permit # to schedule inspections! | | 50.00 | PERMIT FEE (TOTAL) |