



# 11939

# PLUMBING PERMIT APPLICATION

**PROPERTY ADDRESS**

Street: 342 Woodford St

CBL: 102 E 012

**PROPERTY OWNER(S) NAME**

NAME: JMO Properties LLC

Applicant Name: Dave DiBasso

Mailing Address of Owner/Applicant (if Different): 1124 Brighton Ave #40

**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: *[Signature]* Date: 6/5/13

Town/City: PORTLAND Permit # 201301147

Date Permit Issued: 6/5/13 Fee: \$ Double Fee Charged [ ]

L.P.I. # 360

Local Plumbing Inspector Signature: *[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.

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.

Date Approved (Rough-in): \_\_\_\_\_

LPI Signature: \_\_\_\_\_ Date Approved (Final): \_\_\_\_\_

## PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served 1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____  <b>Please call 874-8703 with your permit # to schedule inspections!</b>	Plumbing to be Installed by: NAME: _____ 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 #           616151																																																										
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