



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 342 Woodford St

CBL:

PROPERTY OWNER(S) NAME

NAME: Joleen & Richard Segal

Applicant Name: Pine State Services, Samuel Marcisso

Mailing Address of Owner/Applicant (if Different) 184 Main Street, Suite 1C South Portland, ME 04106

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 _____

Town/City PORTLAND Permit # _____

Date Permit Issued ____ / ____ / ____ Fee: \$ _____ Double Fee Charged []

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.

Date Approved (Rough-in)
LPI Signature _____ Date Approved (Final)

PERMIT INFORMATION

This Application is for

1 NEW PLUMBING

2 RELOCATED PLUMBING

Type of Structure to be Served

1 SINGLE FAMILY RESIDENCE

2 MODULAR OR MOBILE HOME

3 MULTIPLE FAMILY DWELLING

4 OTHER-SPECIFY not sure

Please call 874-8703 with your permit # to schedule inspections!

Plumbing to be Installed by:

NAME: Samuel Marcisso

1 MASTER PLUMBER

2 OIL BURNERMAN

3 MFG'D HOUSING DEALER / MECHANIC

4 PUBLIC UTILITY EMPLOYEE

5 PROPERTY OWNER

LICENSE # MS2501

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"/> Hosebib / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
		TOTAL FIXTURES
<input checked="" type="checkbox"/> TRANSFER FEE [\$10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	40 10
		Hook-Up & Relocation Fee

Please call 874-8703 with your permit # to schedule inspections! \$50 PERMIT FEE (TOTAL)



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 233 Bradley St

CBL:

Town/City PORTLAND

Permit # _____

Date Permit Issued / / Fee: \$ _____ Double Fee Charged []

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.

PROPERTY OWNER(S) NAME

NAME: Shannon Welton

Applicant Name: Pine State Services, Samuel Marcisso

Mailing Address of Owner/Applicant (if Different) 184 Main Street, Suite 1C South Portland, ME 04106

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 _____

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

<p>This Application is for</p> <p>1 <input type="checkbox"/> NEW PLUMBING</p> <p>2 <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure to be Served</p> <p>1 <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE</p> <p>2 <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4 <input type="checkbox"/> OTHER-SPECIFY <u>not sure</u></p> <p>Please call 874-8703 with your permit # to schedule inspections!</p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>Samuel Marcisso</u></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 # <u>MS2501</u></p>																																																		
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PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 179 Vaughan Street

CBL:

PROPERTY OWNER(S) NAME

NAME: Laban Leiter MD

Applicant Name: Pine State Services, Samuel Marcisso

Mailing Address of Owner/Applicant (if Different) 184 Main Street, Suite 1C South Portland, ME 04106

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 _____

Town/City PORTLAND

Permit # _____

Date Permit Issued ____ / ____ / ____ Fee: \$ _____ Double Fee Charged []

L.P.I. # 360

Local Plumbing Inspector Signature _____

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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 NEW PLUMBING
- 2 RELOCATED PLUMBING

Type of Structure to be Served

- 1 SINGLE FAMILY RESIDENCE
- 2 MODULAR OR MOBILE HOME
- 3 MULTIPLE FAMILY DWELLING
- 4 OTHER-SPECIFY not sure

Please call 874-8703 with your permit # to schedule inspections!

Plumbing to be Installed by:

NAME: Samuel Marcisso

- 1 MASTER PLUMBER
- 2 OIL BURNERMAN
- 3 MFG'D HOUSING DEALER / MECHANIC
- 4 PUBLIC UTILITY EMPLOYEE
- 5 PROPERTY OWNER

LICENSE # MS2501

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.

HOOK-UP: to an existing subsurface wastewater disposal system

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE [\$10.00]

Column 2 Number 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"/>	Fixtures (Subtotal) Column 2

Fees by fixture:
First 4 fixtures = \$40 Over 4 = \$10/fixture
+ \$10 Surcharge

Column 1 Number Type of Fixture

<input type="checkbox"/>	Bathtub (and Shower)
<input type="checkbox"/>	Shower (separate)
<input type="checkbox"/>	Sink
<input type="checkbox"/>	Wash Basin
<input type="checkbox"/>	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
<input type="checkbox"/>	Fixtures (Subtotal) Column 1

TOTAL FIXTURES

40 Fixture Fee
10 Transfer Fee

Hook-Up & Relocation Fee

Please call 874-8703 with your permit # to schedule inspections!

\$50 PERMIT FEE (TOTAL)



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 956 Washington Ave Fl 2

CBL:

PROPERTY OWNER(S) NAME

NAME: Rachel Anderson

Applicant Name: Pine State Services, Samuel Marcisso

Mailing Address of Owner/Applicant (if Different) 184 Main Street, Suite 1C South Portland, ME 04106

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

Town/City PORTLAND

Permit # _____

Date Permit Issued / / Fee: \$ _____ Double Fee Charged []

L.P.I. # 360

Local Plumbing Inspector Signature

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Caution: Inspection Required

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Date Approved (Rough-in)

LPI Signature

Date Approved (Final)

PERMIT INFORMATION

This Application is for

- 1 NEW PLUMBING
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Type of Structure to be Served

- 1 SINGLE FAMILY RESIDENCE
- 2 MODULAR OR MOBILE HOME
- 3 MULTIPLE FAMILY DWELLING
- 4 OTHER-SPECIFY not sure

Please call 874-8703 with your permit # to schedule inspections!

Plumbing to be Installed by:

NAME: Samuel Marcisso

- 1 MASTER PLUMBER
- 2 OIL BURNERMAN
- 3 MFG'D HOUSING DEALER / MECHANIC
- 4 PUBLIC UTILITY EMPLOYEE
- 5 PROPERTY OWNER

LICENSE # MS2501

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

Column 2 Number Type of Fixture

Column 1 Number Type of Fixture

HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.

- Hosebib / Silcock
- Floor Drain
- Urinal
- Drinking Fountain
- Indirect Waste

- Bathtub (and Shower)
- Shower (separate)
- Sink
- Wash Basin
- Water Closet (Toilet)

HOOK-UP: to an existing subsurface wastewater disposal system

- Water Treatment Softener, Filter, Etc.
- Grease / Oil Separator
- Roof Drain

- Clothes Washer
- Dish Washer
- Garbage Disposal

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

- Bidet
- Other: _____

- Laundry Tub
- Water Heater

Fixtures (Subtotal) Column 2

Fixtures (Subtotal) Column 1

OR

TOTAL FIXTURES

TRANSFER FEE [\$10.00]

Fees by fixture:
First 4 fixtures = \$40 Over 4 = \$10/fixture
+ \$10 Surcharge

40
10
Fixtures Fee
Transfer Fee

Hook-Up & Relocation Fee

Please call 874-8703 with your permit # to schedule inspections!

\$50 PERMIT FEE (TOTAL)



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	1466 Forest Ave
CBL:	
PROPERTY OWNER(S) NAME	
NAME:	Timothy Tigerman
Applicant Name:	Pine State Services, Samuel Marcisso
Mailing Address of Owner/Applicant (if Different)	184 Main Street, Suite 1C South Portland, ME 04106
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

Town/City	PORTLAND	Permit #	_____
Date Permit Issued	/ /	Fee: \$	_____ Double Fee Charged []
Local Plumbing Inspector Signature		L.P.I. # 360	
<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>			
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 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 <u>not sure</u>	Plumbing to be Installed by: NAME: <u>Samuel Marcisso</u> 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 # <u>MS2501</u>
Please call 874-8703 with your permit # to schedule inspections!		

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
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OR	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
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Please call 874-8703 with your permit # to schedule inspections!		\$50 PERMIT FEE (TOTAL)



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	233 Bradley St
CBL:	
PROPERTY OWNER(S) NAME	
NAME:	Shannon Welson
Applicant Name:	Pine State Services, Samuel Marcisso
Mailing Address of Owner/Applicant (if Different)	184 Main Street, Suite 1C South Portland, ME 04106
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

Town/City	PORTLAND	Permit #	_____
Date Permit Issued	/ /	Fee: \$	_____ Double Fee Charged []
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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
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Please call 874-8703 with your permit # to schedule inspections!		\$50 PERMIT FEE (TOTAL)



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 123 Glenwood Ave

CBL:

PROPERTY OWNER(S) NAME

NAME: Elizabeth Gough / Sharon Barber

Applicant Name: Pine State Services, Samuel Marcisso

Mailing Address of Owner/Applicant (if Different) 184 Main Street, Suite 1C South Portland, ME 04106

Owner/Applicant Statement

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Signature of Owner/Applicant

Date

Town/City PORTLAND

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L.P.I. # 360

Local Plumbing Inspector Signature

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Plumbing to be Installed by:

NAME: Samuel Marcisso

- 1 MASTER PLUMBER
2 OIL BURNERMAN
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4 PUBLIC UTILITY EMPLOYEE
5 PROPERTY OWNER

LICENSE # MS2501

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"/> Hosebib / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Fixtures (Subtotal) Column 1
		<input type="checkbox"/> TOTAL FIXTURES
<input checked="" type="checkbox"/> TRANSFER FEE \$[10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	<input type="checkbox"/> 40 Fixture Fee <input type="checkbox"/> 10 Transfer Fee
		<input type="checkbox"/> Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		\$50 PERMIT FEE (TOTAL)



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 41 Cypress St

CBL:

PROPERTY OWNER(S) NAME

NAME: John C Shippee

Applicant Name: Pine State Services, Samuel Marcisso

Mailing Address of Owner/Applicant (if Different) 184 Main Street, Suite 1C South Portland, ME 04106

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: _____

Town/City PORTLAND Permit # _____

Date Permit Issued / / Fee: \$ _____ Double Fee Charged []

L.P.I. # 360

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.

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

<p>This Application is for</p> <p>1 <input type="checkbox"/> NEW PLUMBING</p> <p>2 <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure to be Served</p> <p>1 <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE</p> <p>2 <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4 <input type="checkbox"/> OTHER-SPECIFY <u>not sure</u></p> <p style="text-align: center;">Please call 874-8703 with your permit # to schedule inspections!</p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>Samuel Marcisso</u></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 # <u>MS2501</u></p>
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	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 <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Hosebib / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
OR		TOTAL FIXTURES
<input checked="" type="checkbox"/> TRANSFER FEE \$[10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	<input type="checkbox"/> Fixtures Fee
		<input type="checkbox"/> Transfer Fee
		<input type="checkbox"/> Hook-Up & Relocation Fee
		PERMIT FEE (TOTAL)

Please call 874-8703 with your permit # to schedule inspections! \$50



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	190 Coyle Street
CBL:	
PROPERTY OWNER(S) NAME	
NAME:	Kathleen Hawkins
Applicant Name:	Pine State Services, Samuel Marcisso
Mailing Address of Owner/Applicant (if Different)	184 Main Street, Suite 1C South Portland, ME 04106
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

Town/City	PORTLAND	Permit #	_____
Date Permit Issued	/ /	Fee: \$	_____ Double Fee Charged []
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.		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 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 <u>not sure</u>	Plumbing to be Installed by: NAME: <u>Samuel Marcisso</u> 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 # <u>MS2501</u>
Please call 874-8703 with your permit # to schedule inspections!		

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"/> Hosebib / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
OR	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
	1	1
		TOTAL FIXTURES
<input checked="" type="checkbox"/> TRANSFER FEE \$[10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	40 10
		Fixtures Fee Transfer Fee
		Hook-Up & Relocation Fee

Please call 874-8703 with your permit # to schedule inspections!
\$50
PERMIT FEE (TOTAL)



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	59 Saint Lawrence St. 3rd
CBL:	
PROPERTY OWNER(S) NAME	
NAME:	Anthony Russo
Applicant Name:	Pine State Services, Samuel Marcisso
Mailing Address of Owner/Applicant (if Different)	184 Main Street, Suite 1C South Portland, ME 04106
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

Town/City	PORTLAND	Permit #	_____
Date Permit Issued	/ /	Fee: \$	_____ Double Fee Charged []
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.

Date Approved (Rough-in) _____

LPI Signature _____ Date Approved (Final) _____

PERMIT INFORMATION

This Application is for

1 NEW PLUMBING

2 RELOCATED PLUMBING

Type of Structure to be Served

1 SINGLE FAMILY RESIDENCE

2 MODULAR OR MOBILE HOME

3 MULTIPLE FAMILY DWELLING

4 OTHER-SPECIFY not sure

Please call 874-8703 with your permit # to schedule inspections!

Plumbing to be Installed by:

NAME: Samuel Marcisso

1 MASTER PLUMBER

2 OIL BURNERMAN

3 MFG'D HOUSING DEALER / MECHANIC

4 PUBLIC UTILITY EMPLOYEE

5 PROPERTY OWNER

LICENSE # MS2501

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"/> Hosebib / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
OR	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
		TOTAL FIXTURES
<input checked="" type="checkbox"/> TRANSFER FEE \$10.00	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	40 10 Fixtures Fee Transfer Fee
		Hook-Up & Relocation Fee

Please call 874-8703 with your permit # to schedule inspections!

\$50 PERMIT FEE (TOTAL)



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	4 Hill Street
CBL:	
PROPERTY OWNER(S) NAME	
NAME:	Barry Goldsmith
Applicant Name:	Pine State Services, Samuel Marcisso
Mailing Address of Owner/Applicant (if Different)	184 Main Street, Suite 1C South Portland, ME 04106
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

Town/City	PORTLAND	Permit #	_____
Date Permit Issued	/ /	Fee: \$	_____ Double Fee Charged []
Local Plumbing Inspector Signature		L.P.I. # 360	
<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>			
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 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 <u>not sure</u>	Plumbing to be Installed by: NAME: <u>Samuel Marcisso</u> 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 # <u>MS2501</u>
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Please call 874-8703 with your permit # to schedule inspections!

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"/> Hosebib / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
OR	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
		TOTAL FIXTURES
<input checked="" type="checkbox"/> TRANSFER FEE \$10.00	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	40 Fixture Fee
		10 Transfer Fee
		Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		\$50 PERMIT FEE (TOTAL)



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	10 Ponce Street
CBL:	
PROPERTY OWNER(S) NAME	
NAME:	Guy Keniston
Applicant Name:	Pine State Services, Samuel Marcisso
Mailing Address of Owner/Applicant (if Different)	184 Main Street, Suite 1C South Portland, ME 04106
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

Town/City	PORTLAND	Permit #	_____
Date Permit Issued	/ /	Fee: \$	_____ Double Fee Charged []
Local Plumbing Inspector Signature		L.P.I. # 360	
<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>			
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 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 <u>not sure</u>	Plumbing to be Installed by: NAME: Samuel Marcisso 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 # <u>MS2501</u>
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	Column 2		Column 1	
	Number	Type of Fixture	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"/>	Hosebib / Sillcock	<input type="checkbox"/>	Bathtub (and Shower)
	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Shower (separate)
	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	Sink
	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Wash Basin
	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Closet (Toilet)
	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Clothes Washer
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/>	Grease / Oil Separator	<input type="checkbox"/>	Dish Washer
	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Garbage Disposal
	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Laundry Tub
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Water Heater
	<input type="checkbox"/>	Fixtures (Subtotal) Column 2	<input type="checkbox"/>	Fixtures (Subtotal) Column 1
OR			<input type="checkbox"/>	TOTAL FIXTURES
<input checked="" type="checkbox"/> TRANSFER FEE \$[10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge		<input type="checkbox"/>	Fixture Fee
			<input type="checkbox"/>	Transfer Fee
			<input type="checkbox"/>	Hook-Up & Relocation Fee

Please call 874-8703 with your permit # to schedule inspections! \$50 PERMIT FEE (TOTAL)



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	71 Concord Street
CBL:	
PROPERTY OWNER(S) NAME	
NAME:	TKL Enterprises
Applicant Name:	Pine State Services, Samuel Marcisso
Mailing Address of Owner/Applicant (if Different)	184 Main Street, Suite 1C South Portland, ME 04106
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

Town/City	PORTLAND	Permit #	_____
Date Permit Issued	/ /	Fee: \$	_____ Double Fee Charged []
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.

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 type="checkbox"/> MULTIPLE FAMILY DWELLING 4 <input checked="" type="checkbox"/> OTHER-SPECIFY <u>not sure</u>	Plumbing to be Installed by: NAME: <u>Samuel Marcisso</u> 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 # <u>MS2501</u>
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Please call 874-8703 with your permit # to schedule inspections!

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"/> Hosebib / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
OR	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Fixtures (Subtotal) Column 1
		<input type="checkbox"/> TOTAL FIXTURES
<input checked="" type="checkbox"/> TRANSFER FEE \$10.00	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	<input type="checkbox"/> 40 Fixture Fee <input type="checkbox"/> 10 Transfer Fee
		<input type="checkbox"/> Hook-Up & Relocation Fee

Please call 874-8703 with your permit # to schedule inspections! \$50 PERMIT FEE (TOTAL)