



12010

PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS
 Street: 79 Highland St
 CBL:

PROPERTY OWNER(S) NAME
 NAME: Robert + Beth Ravenelle
 Applicant Name: Matthew Richard
 Mailing Address of Owner/Applicant (if Different): 21 Bailey Neck Rd Woolwich ME
 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: 8/07/13

Town/City PORTLAND Permit # 201301686
 Date Permit Issued 8/07/13 Fee: \$ 50 Double Fee Charged []
 Local Plumbing Inspector Signature: [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 _____
 Please call 874-8703 with your permit # to schedule inspections

Plumbing to be installed by:
 NAME: Matthew Richard
 1. MASTER PLUMBER
 2. OIL BURNERMAN
 3. MFG'D HOUSING DEALER / MECHANIC
 4. PUBLIC UTILITY EMPLOYEE
 5. PROPERTY OWNER
 LICENSE # 4590014550

RECEIVED
 AUG 02 2013
 Dept. of Building Inspections
 City of Portland Maine

| Column 1 | Column 2 | Column 1 | |
|--------------------------|--|--------------------------|------------------------------|
| Number | Type of Fixture | Number | Type of Fixture |
| <input type="checkbox"/> | Hosebib / Silcock | <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 |
| <input type="checkbox"/> | Fixtures (Subtotal) Column 2 | <input type="checkbox"/> | Fixtures (Subtotal) Column 1 |
| <input type="checkbox"/> | OR | <input type="checkbox"/> | TOTAL FIXTURES |
| <input type="checkbox"/> | TRANSFER FEE (\$10.00) | <input type="checkbox"/> | Fixture Fee |
| | Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge | <input type="checkbox"/> | Transfer Fee |
| | | <input type="checkbox"/> | Hook-Up & Relocation Fee |

Please call 874-8703 with your permit # to schedule inspections! \$0 PERMIT FEE (TOTAL)