

PROPERTY ADDRESS

PLUMBING PERMIT APPLICATION

Street: 563 FOREST	Town/City PORTLAND Permit #20/9 0600				
CBL: 2/ 7 2		Date Permit sspen	/ Fee: \$_	Double Fee Charged []	
126-D.7				L.P.I. # 360	
PROPERTY OWNER(S) NAME		Local Plumping Inspector Sig	nature		
NAME: ENDODONTIC ASSOCIATES					
Applicant SOVIVERN MAINE	The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is				
Applicant SOUTHERN MAINE PUBL \$ HTG Name: Mailing Address of 160 PRESUMYS CUT ST		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			
1 Owner/Applicant				tewater Disposal Rules.	
(if Different) PICTURY) ME 04 103 Owner/Applicant Statement		Cauti	on: Inena	ction Poquirod	
		Caution: Inspection Required			
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.		I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.			
$\langle \Lambda_{i} \Lambda \rangle_{i}$		Date Approved (Rough-in)			
Signature/of Owner/Applicant Date 4/1/4		LPI Signature Date Approved (Final)			
Signature of Owner/Applicant	Date			,	
STRUCTURE OF THE STRUCT		NFORMATION			
This Application is for	1	cture to be Served	P	lumbing to be Installed by:	
1. NEW PLUMBING	4 - CINCLE FAMILY DESIDENCE		NAME	LEGNAMO 12. DIZAPEDA	
2. RELOCATED PLUMBING	1. SINGLE FAMILY RESIDENCE 2. MODULAR OR MOBILE HOME 3. MULTIPLE FAMILY DWELLING OF DEPT OF BUILDING OF PORTUGE OF THE PROPERTY OF PORTUGE OF THE PROPERTY OF PORTUGE OF THE PROPERTY OF THE		NAME		
Z. E. RELOCATED TEGMBING			1 30 14	ASTER PLUMBER	
				43 I ER FLOMBER	
. CCE/V	3. MULTIPLE FAMILY DWELLING			IL BURNERMAN	
2 5014	TOTHER-SPECIFY COMM C				
PR I MESPE	one			3. ☐ MFG'D HOUSING DEALER / MECHANIC	
M. Siliquid yard M				4. PUBLIC UTILITY EMPLOYEE	
of by Polling	Please call 874-8703 with your permit # to schedule inspections!		5. PROPERTY OWNER		
DepCitA					
	<u>perimenatore</u>			LICENSE # M 5 C Z Z 8 8	
Hook-Up & Piping Relocation	Column 2		and a second place of the	Column 1	
Maximum of 1 Hook-Up	Number Type of Fixture Hosebib / Sillcock		Numbe	r Type of Fixture Bathtub (and Shower)	
those cases where the connection	2 Floor Drain			Shower (separate)	
is not regulated and inspected by	Urinal			Sink	
the local sanitary district.	Drinking Fountain		4	Wash Basin	
	2 Indirect W			Water Closet (Toilet)	
HOOK-UP: to an existing subsurface wastewater disposal system	Water Trea	tment Softener, Filter,Etc.		Clothes Washer	
wastewater disposal system	I I Grease / C	Oil Separator	1	Dish Washer	
	Roof Drair			Garbage Disposal	
PIPING RELOCATION: of sanitary	1 Bidet N	10P SINK		Laundry Tub	
lines, drains, and piping without new fixtures.		ACUM PUMP		Water Heater	
	O Fixtures (S	ubtotal) Column 2	121	Fixtures (Subtotal) Column 1	
OR		s by fixture:	311	TOTAL FIXTURES	
TRANSFER FEE [\$10.00] First 4 fixtures :		\$40 Over 4 = \$10/fixture		Fixture Fee Transfer Fee	
+ \$10 Surcharge			<u> </u>	Hook-Up & Relocation Fee	
Please call 874-8703 with your permit # to schedule inspections!				PERMIT FEE (TOTAL)	
ricase call 014-0103 Willi Your E	Jennic # to schedu	ie iiiaheenniisi aasta ja			