



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS		Town/City PORTLAND Permit # <u>2017-07107</u>	
Street: <u>33 Clifton</u>		Date Permit Issued <u>3/24/17</u> Fee: \$ <u>130</u> Double Fee Charge? <input type="checkbox"/>	
CBL: <u>126E008001</u>		Local Plumbing Inspector Signature _____ L.P.L.# <u>1081</u>	
PROPERTY OWNER(S) NAME		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.	
OWNER NAME: <u>Michael Welch</u>		Caution: Inspection Required	
Applicant Name: <u>Dorothy Phibbs & Holly Zuc</u>		I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.	
Mailing Address of Owner/Applicant (If Different): <u>29 US Marsh Ave</u>		L.P.L. Signature _____ Date Approved (Final) <u>3-24-2017</u>	
E-Mail: <u>Paul@MEOWS.com</u>			
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 <u>3/24/17</u>			

RECEIVED

MAR 24 2017

Permitting & Inspections
City of Portland Maine

PERMIT INFORMATION																																					
This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input 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 _____ Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: <u>Tim Doherty</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>0116101111</u>																																			
		<table border="1"> <thead> <tr> <th>Column 1: Type of Fixture</th> <th>Column 2: Type of Fixture</th> <th>Column 1: Type of Fixture</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Hosebib / Silcock</td> <td><input type="checkbox"/> Floor Drain</td> <td><input checked="" type="checkbox"/> Bathtub (and Shower)</td> </tr> <tr> <td><input type="checkbox"/> Urinal</td> <td><input type="checkbox"/> Drinking Fountain</td> <td><input type="checkbox"/> Shower (separate)</td> </tr> <tr> <td><input type="checkbox"/> Indirect Waste</td> <td><input type="checkbox"/> Water Treatment Softener, Filler, Etc.</td> <td><input checked="" type="checkbox"/> Sink</td> </tr> <tr> <td><input type="checkbox"/> Grease / Oil Separator</td> <td><input type="checkbox"/> Roof Drain</td> <td><input checked="" type="checkbox"/> Wash Basin</td> </tr> <tr> <td><input type="checkbox"/> Bidet</td> <td><input type="checkbox"/> Other:</td> <td><input checked="" type="checkbox"/> Water Closet (Toilet)</td> </tr> <tr> <td><input type="checkbox"/> Fixtures (Subtotal) Column 2: _____</td> <td><input type="checkbox"/> Fixtures (Subtotal) Column 1: _____</td> <td><input type="checkbox"/> Clothes Washer</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Dish Washer</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Garbage Disposal</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Laundry Tub</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Water Heater</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> TOTAL FIXTURES</td> </tr> </tbody> </table>		Column 1: Type of Fixture	Column 2: Type of Fixture	Column 1: Type of Fixture	<input type="checkbox"/> Hosebib / Silcock	<input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Bathtub (and Shower)	<input type="checkbox"/> Urinal	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Shower (separate)	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Treatment Softener, Filler, Etc.	<input checked="" type="checkbox"/> Sink	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Roof Drain	<input checked="" type="checkbox"/> Wash Basin	<input type="checkbox"/> Bidet	<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Water Closet (Toilet)	<input type="checkbox"/> Fixtures (Subtotal) Column 2: _____	<input type="checkbox"/> Fixtures (Subtotal) Column 1: _____	<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	
Column 1: Type of Fixture	Column 2: Type of Fixture	Column 1: Type of Fixture																																			
<input type="checkbox"/> Hosebib / Silcock	<input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Bathtub (and Shower)																																			
<input type="checkbox"/> Urinal	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Shower (separate)																																			
<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Treatment Softener, Filler, Etc.	<input checked="" type="checkbox"/> Sink																																			
<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Roof Drain	<input checked="" type="checkbox"/> Wash Basin																																			
<input type="checkbox"/> Bidet	<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Water Closet (Toilet)																																			
<input type="checkbox"/> Fixtures (Subtotal) Column 2: _____	<input type="checkbox"/> Fixtures (Subtotal) Column 1: _____	<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"/> TOTAL FIXTURES																																			
<input type="checkbox"/> TRANSFER FEE (\$10.00) <input type="checkbox"/> HOOK-UP & PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	130.00 Fixture Fee 10.00 Transfer Fee _____ Hook-Up & Relocation Fee 130.00 PERMIT FEE (TOTAL)																																			

Surcharge