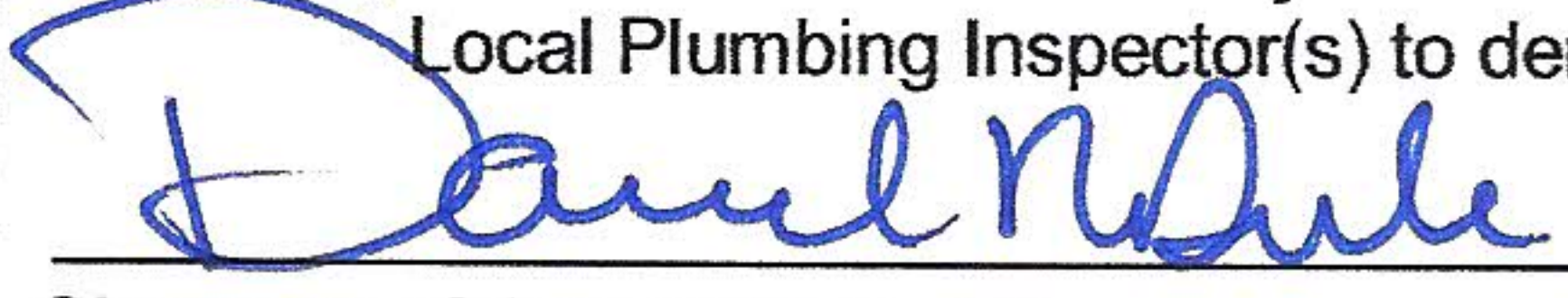




PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street: 518 FOREST AVE.	
CBL: PORTLAND	
PROPERTY OWNER(S) NAME	
OWNER NAME: MOBILE GAS STATION	
Applicant Name: DAVID DUBE	
Mailing Address of Owner/Applicant (if Different) 71 GUINEA ROAD BIDDEFORD ME	
E Mail: ddube@hy-techplumbing.com	
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.	
 12-31-14 Signature of Owner/Applicant Date	

Town/City	PORTLAND	Permit #	
Date Permit Issued	/ /	Fee: \$	Double Fee Charged <input type="checkbox"/>
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.			
LPI Signature		Date Approved (Final)	

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 type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER-SPECIFY <u>GAS STATION</u> Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: DAVID DUBE E Mail: ddube@hy-techplumbing.com 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>06213</u>																																						
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