



CBL 129 A001001

# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	<u>660 Forest Ave</u>
CBL:	
PROPERTY OWNER(S) NAME	
OWNER NAME:	<u>Birch Shambaugh</u>
Applicant Name:	<u>712-1575</u>
Mailing Address of Owner/Applicant (if Different)	<u>293 County R Gorham 04038</u>
E Mail:	<u>shin@integratedsystemsmaine.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>9/11/15</u>

Town/City	<u>PORTLAND</u>	Permit #	<u>2015-02195</u>
Date Permit Issued	<u>09/11/15</u>	Fee: \$	<u>270.00</u>
		Double Fee Charged	<input type="checkbox"/>
Local Plumbing Inspector Signature	<u>[Signature]</u>		
		L.P.I. #	<u>360</u>
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.			
<b>Caution: Inspection Required</b>			
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>Rest/Bar</u>	Plumbing to be Installed by: <b>NAME:</b> <u>Shingoro Sargent</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>M5900V14329</u>
	<b>Please call 874-8703 with your permit # to schedule inspections!</b>	

	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 checked="" type="checkbox"/> 3 Floor Drain	<input type="checkbox"/> Shower (separate)
	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> 2 Sink
	<input type="checkbox"/> Drinking Fountain	<input checked="" type="checkbox"/> Wash Basin
	<input checked="" type="checkbox"/> 7 Indirect Waste	<input checked="" type="checkbox"/> 2 Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input checked="" 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 checked="" type="checkbox"/> Water Heater
	<b>10 Fixtures (Subtotal) Column 2</b>	<b>16 Fixtures (Subtotal) Column 1</b>
		<b>26 TOTAL FIXTURES</b>
<input type="checkbox"/> TRANSFER FEE \$10.00	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<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!** PERMIT FEE (TOTAL)

**CITY OF PORTLAND**  
**DEPARTMENT OF PLANNING & URBAN DEVELOPMENT**  
 389 Congress Street  
 Portland, Maine 04101

**PLUMBING PERMIT RECEIPT**

<b>Application No:</b> 2015-02195	<b>Applicant:</b> OLD VALLE'S LLC
<b>Project Desc:</b> Resturant Renovation	<b>Location:</b> 660 FOREST AVE
<b>CBL:</b> 129 A001001	<b>Plumber:</b> SARGENT, SHINGORO STEVEN
<b>Invoice Date:</b> 09/11/2015	<b>License #:</b> MS90014380

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Fees</b>	-	<b>Current Payment</b>	=	<b>Total Due</b>	<b>Payment Due Date</b>
\$0.00		\$0.00		\$270.00		\$270.00		\$0.00	On Receipt

**Previous Balance** **\$0.00**

Fee Description	Qty	Fee
Plumbing Permit Fee	1	\$260.00
Surcharge	1	\$10.00
Water Heater	1	\$10.00
Water Closet (Toilet)	2	\$20.00
Sink	12	\$120.00
Indirect Waste	7	\$70.00
Floor Drain	3	\$30.00
Dish Washer	1	\$10.00
		\$270.00

**Total Current Payments:** - **\$270.00**

**Minimum Amount Due Now:** **\$0.00**

**CBL:** 129 A001001      **Application No:** 2015-02195  
**Bill to:** OLD VALLE'S LLC  
 263 BLANCHARD RD  
 CUMBERLAND, ME 04021

**Invoice Date:** 09/11/2015  
**Invoice No:** 50770  
**Total Amt Due:** \$0.00  
**Payment Amount:** \$270.00