



PLUMBING PERMIT APPLICATION

| PROPERTY ADDRESS | |
|---|--|
| Street: | 51 Ocean Ave |
| CBL: | 129 Hoodoo |
| PROPERTY OWNER(S) NAME | |
| OWNER NAME: | Kaplan 47 LLC |
| Applicant Name: | Joel Nason |
| Mailing Address of Owner/Applicant (if Different) | 808 Webster Street Lewiston Me. 04240 |
| E Mail: | |
| 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 |

| | | | |
|--|----------|-----------------------|--------------------------|
| Town/City | PORTLAND | Permit # | 2017-07099 |
| Date Permit Issued | 3/20/17 | Fee: \$ | 60.00 |
| | | Double Fee Charged | <input type="checkbox"/> |
| Local Plumbing Inspector Signature | | L.P.I. # 1081 | |
| <p>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.</p> | | | |
| 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

| | | |
|--|--|---|
| <p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p> <p style="text-align: center;">RECEIVED MAR 20 2017 Dept. of Building Inspections City of Portland Maine</p> | <p>Type of Structure to be Served</p> <p>1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER-SPECIFY <u>Commercial building</u></p> <p style="text-align: center;">Please call 874-8703 with your permit # to schedule inspections!</p> | <p>Plumbing to be Installed by:</p> <p>NAME: <u>Joel Nason</u></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>15191011313111</u></p> |
|--|--|---|

| | Column 2 | | Column 1 | |
|--|---|--|-------------------------------------|--------------------------|
| | Number | Type of Fixture | 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"/> | Floor Drain | <input type="checkbox"/> | Shower (separate) |
| | <input type="checkbox"/> | Urinal | <input checked="" 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"/> HOOK-UP: to an existing subsurface wastewater disposal system | <input type="checkbox"/> | Water Treatment Softener, Filter, Etc. | <input type="checkbox"/> | Clothes Washer |
| | <input checked="" type="checkbox"/> | Grease / Oil Separator | <input type="checkbox"/> | Dish Washer |
| | <input type="checkbox"/> | Roof Drain | <input type="checkbox"/> | Garbage Disposal |
| <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | <input type="checkbox"/> | Bidet | <input type="checkbox"/> | Laundry Tub |
| | <input type="checkbox"/> | Other: | <input type="checkbox"/> | Water Heater |
| OR | Fixtures (Subtotal) Column 2 | | Fixtures (Subtotal) Column 1 | |
| | | | <input checked="" type="checkbox"/> | TOTAL FIXTURES |
| <input type="checkbox"/> TRANSFER FEE [\$10.00] | Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture | | <input checked="" type="checkbox"/> | Fixture Fee |
| | | | <input checked="" type="checkbox"/> | Transfer Fee |
| | | | <input type="checkbox"/> | Hook-Up & Relocation Fee |

Please call 874-8703 with your permit # to schedule inspections!

60.00 PERMIT FEE (TOTAL)