



# 11987

# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	463 STEVENS AVE
CBL:	132 5001
PROPERTY OWNER(S) NAME	
NAME:	
Applicant Name:	KENNETH R. FISH
Mailing Address of Owner/Applicant (if Different)	4 STRAIGHT BROOK DR STEER FALLS ME 04885
Owner/Applicant Statement	274-9303 KANDL FISH @ RAMPUNNER.COM
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
<i>Keneth R. Fish</i>	2/17/13

Town/City	PORTLAND	Permit #	001301520
Date Permit Issued	2/17/13	Fee: \$	
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.			
<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)	
		Date Approved (Rough-In)	

## 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 _____	Plumbing to be Installed by: NAME: <u>KENNETH R. FISH</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>MS 910013956</u>
<b>Please call 874-8703 with your permit # to schedule inspections!</b>		

	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 checked="" type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input checked="" type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Closet (Toilet)
	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Clothes Washer
	<input 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
	<input type="checkbox"/>	<b>Fixtures (Subtotal) Column 2</b>	<input type="checkbox"/>	<b>Fixtures (Subtotal) Column 1</b>
<b>OR</b>			<b>TOTAL FIXTURES</b>	
<input type="checkbox"/> TRANSFER FEE (\$10.00)	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge		Fixture Fee	
			Transfer Fee	
			Hook-Up & Relocation Fee	

**Please call 874-8703 with your permit # to schedule inspections!** **PERMIT FEE (TOTAL)**

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