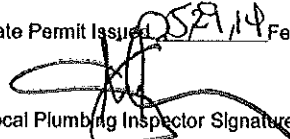




# PLUMBING PERMIT APPLICATION

| PROPERTY ADDRESS  |   |
|---|---|
| Street:   | 82 Hartley Street                                     |
| CBL:  | 136 B020  |
| PROPERTY OWNER(S) NAME  |   |
| NAME:   | Brian Publicover                                      |
| Applicant Name:   | Pine State Services, Samuel Marcisso                  |
| Mailing Address of Owner/Applicant (if Different)   | 184 Main Street, Suite 1C<br>South Portland, ME 04106 |
| <b>Owner/Applicant Statement</b><br><br>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 #           | 201401159                |
| Date Permit Issued   | 05/29/14 | Fee: \$            | 50                       |
|  |          | Double Fee Charged | <input type="checkbox"/> |
| <br>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)    |
| _____         | _____                    |
|               | Date Approved (Rough-in) |

## PERMIT INFORMATION

This Application is for

1  NEW PLUMBING

2  RELOCATED PLUMBING

3. Unitil Natural Gas Water Heater Replacement

**RECEIVED**

**MAY 29 2014**

Dept. of Building Inspections  
City of Portland Maine

Type of Structure to be Served

1  SINGLE FAMILY RESIDENCE

2  MODULAR OR MOBILE HOME

3  MULTIPLE FAMILY DWELLING

4  OTHER-SPECIFY \_\_\_\_\_

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

Plumbing to be Installed by:

NAME: Samuel Marcisso

1.  MASTER PLUMBER

2.  OIL BURNERMAN

3.  MFG'D HOUSING DEALER / MECHANIC

4.  PUBLIC UTILITY EMPLOYEE

5.  PROPERTY OWNER

LICENSE # MS2501

| Hook-Up & Piping Relocation<br>Maximum of 1 Hook-Up  | Column 2<br>Number Type of Fixture  | Column 1<br>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 / Stillcock  | <input type="checkbox"/> Bathtub (and Shower)  |
|  | <input type="checkbox"/> Floor Drain  | <input type="checkbox"/> Shower (separate)     |
|  | <input type="checkbox"/> Urinal   | <input 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 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          |
|  | <b>Fixtures (Subtotal) Column 2</b>   | <b>Fixtures (Subtotal) Column 1</b>            |
| <b>OR</b>  |   | <b>TOTAL FIXTURES</b>                          |
| <input checked="" type="checkbox"/> TRANSFER FEE (\$10.00)   | Fees by fixture:<br>First 4 fixtures = \$40 Over 4 = \$10/fixture<br>+ \$10 Surcharge | 40<br>10                                       |
|  |   | Hook-Up & Relocation Fee                       |
| <b>Please call 874-8703 with your permit # to schedule inspections!</b>  |   | <b>\$50 PERMIT FEE (TOTAL)</b>                 |