



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS		PLUMBING PERMIT APPLICATION	
Street: 48 SAWYER STREET		Town/City PORTLAND	Permit # <u>2017-07212</u>
CBL: <u>138 A009 001</u>		Date Permit Issued <u>5/30/17</u>	Fee: \$ <u>50.00</u> Double Fee Charged <input type="checkbox"/>
PROPERTY OWNER(S) NAME		Local Plumbing Inspector Signature <u>[Signature]</u> L.P.I. # 1081 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.	
OWNER NAME: LINDA FIELD			
Applicant Name: ATLANTIC HEATING CO.			
Mailing Address of Owner/Applicant (if Different) 474 RIVERSIDE INDUSTRIAL PARKWAY			
E Mail: JEFFB@ATLANTICHEATIN			
Owner/Applicant Statement		Caution: Inspection Required	
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. JEFF BELLINO <u>05/26/17</u> Signature of Owner/Applicant Date		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 <div style="text-align: center; border: 1px solid black; padding: 5px;"> RECEIVED MAY 30 2017 Dept. of Building Inspections City of Portland Maine </div>	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 _____ <div style="background-color: black; color: white; padding: 5px; text-align: center;"> Please call 874-8703 with your permit # to schedule inspections! </div>	Plumbing to be Installed by: NAME: THOMAS FLETCHER 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>MS90014166</u>	
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	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 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"/> 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	
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1	
OR		TOTAL FIXTURES	
<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!		50 —	PERMIT FEE (TOTAL)