



PLUMBING PERMIT APPLICATION

| PROPERTY ADDRESS | |
|---|---------------------------------|
| Street: | 33 BRYANT ST |
| CBL: | 138 6014 001 |
| PROPERTY OWNER(S) NAME | |
| OWNER NAME: | Jordan Folsom |
| Applicant Name: | Steve Chamberlain |
| Mailing Address of Owner/Applicant (if Different) | P.O. Box 1267 Scarborough ME |
| E Mail: | chamberlainplumbing@yahoo.com |
| 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: 5/9/17 |

| | | | |
|---|----------|-----------------------|--------------------------|
| Town/City | PORTLAND | Permit # | 2017-07181 |
| Date Permit Issued | 5/9/17 | Fee: \$ | 50.00 |
| | | Double Fee Charged | <input type="checkbox"/> |
| | | L.P.I. # | 1081 |
| Local Plumbing Inspector Signature | | | |
| 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) | |
| | | 5-9-2017 | |

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</p> <p style="text-align: center;">MAY 09 2017</p> <p style="text-align: center;">Permitting & 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 checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER-SPECIFY _____</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: 02467 Steve Chamberlain</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 # 02467</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"/> HOOK-UP: to an existing subsurface wastewater disposal system | <input type="checkbox"/> | Floor Drain | <input checked="" type="checkbox"/> | Shower (separate) |
| <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | <input type="checkbox"/> | Urinal | <input type="checkbox"/> | Sink |
| | <input type="checkbox"/> | Drinking Fountain | <input checked="" type="checkbox"/> | Wash Basin |
| | <input type="checkbox"/> | Indirect Waste | <input checked="" 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"/> | 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 | | 40.00 | Fixture Fee |
| | | | 10.00 | Transfer Fee Surcharge |
| | | | | Hook-Up & Relocation Fee |
| Please call 874-8703 with your permit # to schedule inspections! | | | 50.00 | PERMIT FEE (TOTAL) |