



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 24 MAYLAND

CBL: 138 C016001

PROPERTY OWNER(S) NAME

NAME: SHANA GENRE

Applicant Name: SHANA GENRE

Mailing Address of Owner/Applicant (if Different)

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.

Shana Genre Date 7/9/13
Signature of Owner/Applicant

Town/City PORTLAND Permit # _____

Date Permit Issued 1/1 Fee: \$ _____ Double Fee Charged []

[Signature] L.P.I. # 360
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.

Date Approved (Rough-in)

LPI Signature

Date Approved (Final)

PERMIT INFORMATION

This Application is for

- 1. NEW PLUMBING
- 2. RELOCATED PLUMBING

Type of Structure to be Served

- 1. SINGLE FAMILY RESIDENCE
- 2. MODULAR OR MOBILE HOME
- 3. MULTIPLE FAMILY DWELLING
- 4. OTHER-SPECIFY _____

Plumbing to be Installed by:

NAME: SHANA GENRE

- 1. MASTER PLUMBER
- 2. OIL BURNERMAN
- 3. MFG'D HOUSING DEALER / MECHANIC
- 4. PUBLIC UTILITY EMPLOYEE
- 5. PROPERTY OWNER

LICENSE # | | | | | | | | | |

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

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 / Silcock	<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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<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 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 checked="" type="checkbox"/>	Dish Washer
	<input type="checkbox"/>	Roof Drain	<input checked="" type="checkbox"/>	Garbage Disposal
	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Laundry Tub
	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Water Heater
	<input type="checkbox"/>	Fixtures (Subtotal) Column 2	<input type="checkbox"/>	Fixtures (Subtotal) Column 1
			<input type="checkbox"/>	TOTAL FIXTURES
		Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	<input type="checkbox"/>	Fixture Fee
<input type="checkbox"/> TRANSFER FEE \$[10.00]			<input type="checkbox"/>	Transfer Fee
			<input type="checkbox"/>	Hook-Up & Relocation Fee
			<input checked="" type="checkbox"/>	PERMIT FEE (TOTAL)

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\$60.00