

PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS					
PROPERTY ADDRESS  Street:  CBL: 39 DOUD  PROPERTY OWNER(S) NAME  OWNER NAME: Skerritt  Applicant Officer Owner/Applicant (if Different)  E Mall: Lewis Pand H @aol. Com		Town/City PORTLAND  Permit # OMO DO			
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 flumbing Inspector(s) to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.			
Signature of Owner/Applicant Date 12/3/14		LPI Signature		Date Approved	
	PERMITI	VEORMATION.		(Final)	
PERMIT INFORMATION					
This Application is for	Type of Structure to be Served		Plumbing to be installed by:		
1 NEW PLUMBING	1 X SINGLE FAMILY RESIDENCE		NAME: Willian Low 350		
2RELOCATED PLUMBING	2 MODULAR OR MOBILE HOME		1 MASTER PLUMBER		
DEC 03 2014  DEC 03 2014  DEC 03 2014	3 MULTIPLEEA	MILY DWELLING	2OIL BURNERMAN 3MFG'D HOUSING DEALER / MECHANIC		
OECL OF Building Inspection	Please call 874-8703 with your permit # to schedule inspections  Hook-Up & Piping Relocation  Maximum of Hook Up  Maximum of H			4 PUBLIC UTILITY EMPLOYEE  5 PROPERTY OWNER  LICENSE # L. Q 2 2 4 2 1 1	
Hook-Up & Piping Relocation	C III				
those cases where the connection is not regulated and inspected by the local sanitary district.  HOOK-UP: to an existing subsurface wastewater disposal system	Hosebib / S   Floor Drain   Urinal   Drinking Fo   Indirect Wa   Water Treatn   Grease / Oi   Roof Drain	untain ste nent Softener, Filter,Etc.	Number Colum Number IV    2   Bathtub (and   Shower (sep   Sink   Sink   Close   Close   Clothes Was   Clothes Was	pe of Fidure d Shower) parate) et (Toilet) sher	
PIPING RELOCATION: of sanitary	_  Bidet		Laundry Tub	)	
lines, drains, and piping without new fixtures.	Other:	ototal) Golumn 2	_  Water Heate		
OR	i i i i i i i i i i i i i i i i i i i	voranazonni US		total) Golumn 1 L FIXTURES	
TRANSFERFEE [\$10.00]	First 4 fixtures = \$-	by fixture: 40 Over 4 = \$10/fixture Surcharge	Fixture Trans	e Fee fer Fee	
Please call 874-8703 with your permit # to schedule inspections!				Relocation Fee	
	emme#10 schedul	e inspections!		RMIT FEE (TOTAL)	