



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS
 Street: 110 Mackworth
 CBL:

PROPERTY OWNER(S) NAME
 OWNER NAME: Kim Sferes
 Applicant Name: Sam Cunn
 Mailing Address of Owner/Applicant (if Different)
 E Mail:

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.
Sam Cunn Date 9/26/17
 Signature of Owner/Applicant

Town/City **PORTLAND** Permit # 2017-07372
 Date Permit Issued 9/29/17 Fee: \$ _____ Double Fee Charged
 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) _____

PERMIT INFORMATION

This Application is for
 1. NEW PLUMBING
 2. RELOCATED PLUMBING

RECEIVED
SEP 29 2017
 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: Sam Cunn
 1. MASTER PLUMBER
 2. OIL BURNERMAN
 3. MFG'D HOUSING DEALER / MECHANIC
 4. PUBLIC UTILITY EMPLOYEE
 5. PROPERTY OWNER
 LICENSE # M 5115246111

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | 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"/> HOOK-UP: to an existing subsurface wastewater disposal system | <input type="checkbox"/> | Hosebib / Sillcock | <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"/> | Water Treatment Softener, Filter, Etc. | <input type="checkbox"/> | Clothes Washer |
| | <input type="checkbox"/> | Grease / Oil Separator | <input type="checkbox"/> | Dish Washer |
| <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | <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 | | <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! | | | 50.00 PERMIT FEE (TOTAL) | |