



# PLUMBING PERMIT APPLICATION

**PROPERTY ADDRESS**  
 Street: 16 Wellwood St  
 CBL: ~~156~~ 156-10012001

**PROPERTY OWNER(S) NAME**  
 OWNER NAME:  
 Applicant Name: Poston Dana + Tammy  
 Daniel Bragden  
 Mailing Address of Owner/Applicant (if Different):  
 130 Bluff Cir  
 New Gloucester ME 04260  
 E Mail: DJB8202@yahoo

**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: [Signature] Date: \_\_\_\_\_

Town/City PORTLAND Permit # 2014-02297  
 Date Permit Issued 10/2/14 Fee: \$ 56.00 Double Fee Charged   
 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.  
 LPI Signature: \_\_\_\_\_ Date Approved (Final): \_\_\_\_\_

## PERMIT INFORMATION

This Application is for  
 1.  NEW PLUMBING  
 2.  RELOCATED PLUMBING  
**RECEIVED**  
**OCT 02 2014**  
 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: Daniel Bragden  
 E Mail: DJB8202@yahoo  
 1.  MASTER PLUMBER  
 2.  OIL BURNERMAN  
 3.  MFG'D HOUSING DEALER / MECHANIC  
 4.  PUBLIC UTILITY EMPLOYEE  
 5.  PROPERTY OWNER  
 LICENSE # 0000014749

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		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (separate)
		Urinal	1	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, Etc.		Clothes Washer
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease / Oil Separator	1	Dish Washer
		Roof Drain	1	Garbage Disposal
		Bidet		Laundry Tub
OR		Other: _____		Water Heater
		<b>Fixtures (Subtotal) Column 2</b>	3	<b>Fixtures (Subtotal) Column 1</b>
<input type="checkbox"/> TRANSFER FEE \$10.00	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture		3	<b>TOTAL FIXTURES</b>
			40.00	Fixture Fee
			10.00	Transfer Fee Surcharge
				Hook-Up & Relocation Fee
<b>Please call 874-8703 with your permit # to schedule inspections!</b>			56.00	<b>PERMIT FEE (TOTAL)</b>

**CITY OF PORTLAND**  
**DEPARTMENT OF PLANNING & URBAN DEVELOPMENT**  
 389 Congress Street  
 Portland, Maine 04101

**PLUMBING PERMIT RECEIPT**

<b>Application No:</b> 2014-02297	<b>Applicant:</b> POSTON DANA M & TAMMY A J
<b>Project Desc:</b> Three (3) Plumbing Fixtures	<b>Location:</b> 16 WELLWOOD RD
<b>CBL:</b> 156 D012001	<b>Plumber:</b> BRAGDON, DANIEL J.
<b>Invoice Date:</b> 10/02/2014	<b>License #:</b> MS90014749

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Fees</b>	-	<b>Current Payment</b>	=	<b>Total Due</b>	<b>Payment Due Date</b>
\$0.00		\$0.00		\$50.00		\$50.00		\$0.00	On Receipt

**Previous Balance**

**\$0.00**

<b>Fee Description</b>	<b>Qty</b>	<b>Fee</b>
Plumbing Permit Fee	1	\$40.00
Surcharge	1	\$10.00
Sink	1	\$10.00
Garbage Disposal	1	\$10.00
Dish Washer	1	\$10.00
		<hr/> \$50.00 <hr/>

**Total Current Payments:** - **\$50.00**

**Minimum Amount Due Now:** **\$0.00**

**CBL:** 156 D012001      **Application No:** 2014-02297  
**Bill to:** POSTON DANA M & TAMMY A JTS  
 16 WELLWOOD RD  
 PORTLAND, ME 04103

**Invoice Date:** 10/02/2014

**Invoice No:** 46782

**Total Amt Due:** \$0.00

**Payment Amount:** \$50.00

Make checks payable to the *City of Portland*, ATTN: Inspections, 3rd Floor, 389 Congress Street, Portland, ME 04101.