



# PLUMBING PERMIT APPLICATION

**PROPERTY ADDRESS**  
 Street: 956 Washington Ave Fl 2  
 CBL: 161 FO10

**PROPERTY OWNER(S) NAME**  
 NAME: Rachel Anderson  
 Applicant Name: Pine State Services, Samuel Marcisso  
 Mailing Address of Owner/Applicant (if Different): 184 Main Street, Suite 1C South Portland, ME 04106

**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 \_\_\_\_\_

Town/City PORTLAND Permit # 2015 02752  
 Date Permit Issued 11/12/15 Fee: \$ 50 Double Fee Charged [ ]  
 Local Plumbing Inspector Signature \_\_\_\_\_ L.P.I. # 360

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 not sure

**Plumbing to be Installed by:**  
 NAME: Samuel Marcisso  
 1  MASTER PLUMBER  
 2  OIL BURNERMAN  
 3  MFG'D HOUSING DEALER / MECHANIC  
 4  PUBLIC UTILITY EMPLOYEE  
 5  PROPERTY OWNER  
 LICENSE # MS2501

**RECEIVED**  
 NOV 12 2015  
 Dept. of Building Inspections  
 City of Portland Maine

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

	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"/>	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"/> HOOK-UP: to an existing subsurface wastewater disposal system	<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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Laundry Tub
	<input type="checkbox"/>	Other: _____	1 <input type="checkbox"/>	Water Heater
	<b>Fixtures (Subtotal) Column 2</b>		1 <input type="checkbox"/>	<b>Fixtures (Subtotal) Column 1</b>
<b>OR</b>			1 <input type="checkbox"/>	<b>TOTAL FIXTURES</b>
<input checked="" type="checkbox"/> TRANSFER FEE \$[10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge		40 <input type="checkbox"/>	Fixture Fee
			10 <input type="checkbox"/>	Transfer Fee
			<input type="checkbox"/>	Hook-Up & Relocation Fee
<b>Please call 874-8703 with your permit # to schedule inspections!</b>			\$50 <input type="checkbox"/>	<b>PERMIT FEE (TOTAL)</b>