



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	69 FALLBROOK ST. A+B
CBL:	
PROPERTY OWNER(S) NAME	
OWNER NAME:	JOC ELYNE DRASPE
Applicant Name:	
Mailing Address of Owner/Applicant (if Different)	PO BOX 3374, PORTLAND ME. 04104
E Mail:	AAA
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 8/28/17

Town/City PORTLAND Permit # 2017-07330

Date Permit Issued 8/28/17 Fee: \$ 60 Double Fee Charged

Local Plumbing Inspector Signature \_\_\_\_\_ L.P.I. # 1081

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

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p> <p>RECEIVED</p> <p>AUG 28 2017</p> <p>Dept. of Building Inspections City of Portland Maine</p>	<p>Type of Structure to be Served</p> <p>1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE</p> <p>2. <input checked="" type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER-SPECIFY _____</p> <p><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>	<p>Plumbing to be Installed by:</p> <p>NAME: SCOTT NASON</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # 811681</p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1		
	Number	Type of Fixture	Number	Type of Fixture	
<input checked="" 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"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Clothes Washer	
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/>	Grease / Oil Separator	<input checked="" type="checkbox"/>	Dish Washer	
	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Garbage Disposal	
	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Laundry Tub	
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/>	Other: _____	<input checked="" type="checkbox"/>	Water Heater	
	<b>Fixtures (Subtotal) Column 2</b>		<b>Fixtures (Subtotal) Column 1</b>		
OR				<input checked="" type="checkbox"/>	<b>TOTAL FIXTURES</b>
<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!** **PERMIT FEE (TOTAL)**