



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	821 Washinton Ave. Portlan
CBL:	163 B001 001
PROPERTY OWNER(S) NAME	
OWNER NAME:	Megan Keogh and Aaron K
Applicant Name:	Aaron Krajewski
Mailing Address of Owner/Applicant (if Different)	
E Mail:	aaron@branchmills.com
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.	
A. Krajewski	7/17/2017
Signature of Owner/Applicant	Date

Town/City **PORTLAND** Permit # 297-07273  
 Date Permit Issued 7/24/17 Fee: \$ 50.00 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

7-24-2017  
 Date Approved (Final)

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING  <b>RECEIVED</b> <b>JUL 24 2017</b> Permitting & Inspections City of Portland Maine	<b>Type of Structure to be Served</b> 1. <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____  <b>Please call 874-8703 with your permit # to schedule inspections!</b>	<b>Plumbing to be Installed by:</b> <b>NAME: Aaron Krajewski</b> 1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input checked="" type="checkbox"/> PROPERTY OWNER  LICENSE #
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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 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 checked="" 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 checked="" type="checkbox"/>	Garbage Disposal
	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Laundry Tub
	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Water Heater
	<input type="checkbox"/> Fixtures (Subtotal) Column 2		<input checked="" type="checkbox"/> Fixtures (Subtotal) Column 1	
<b>OR</b>			<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 checked="" type="checkbox"/> Transfer Fee Surcharge	
			<input type="checkbox"/> Hook-Up & Relocation Fee	
<b>Please call 874-8703 with your permit # to schedule inspections!</b>			<b>50.00</b>	<b>PERMIT FEE (TOTAL)</b>

BP 2017-01157