



11990

BING PERMIT APPLICATION

PROPERTY ADDRESS
 Street: 31 Bawdell St
 CBL: 166-B-12

PROPERTY OWNER(S) NAME
 NAME:
 Applicant Name: Alex Lehman
 Mailing Address of Owner/Applicant (if Different): 132 Beach St Saco Maine 04072

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 # 2012 48346
 Date Permit Issued 9/17/12 Fee: \$ 100 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

RECEIVED
SEP 18 2012
 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: Alex Lehman

1. MASTER PLUMBER

2. OIL BURNERMAN

3. MFG'D HOUSING DEALER / MECHANIC

4. PUBLIC UTILITY EMPLOYEE

5. PROPERTY OWNER

LICENSE # MS90912128

| 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 checked="" type="checkbox"/> 1 | Hosebib / Sillcock | <input checked="" type="checkbox"/> 1 | Bathtub (and Shower) |
| | <input type="checkbox"/> | Floor Drain | <input type="checkbox"/> | Shower (separate) |
| | <input type="checkbox"/> | Urinal | <input checked="" type="checkbox"/> 1 | Sink |
| | <input type="checkbox"/> | Drinking Fountain | <input checked="" type="checkbox"/> 3 | Wash Basin |
| | <input type="checkbox"/> | Indirect Waste | <input checked="" type="checkbox"/> 2 | Water Closet (Toilet) |
| | <input type="checkbox"/> | Water Treatment Softener, Filter, Etc. | <input checked="" type="checkbox"/> 1 | Clothes Washer |
| <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system | <input type="checkbox"/> | Grease / Oil Separator | <input checked="" type="checkbox"/> 1 | 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 type="checkbox"/> | Water Heater |
| | <input type="checkbox"/> | Fixtures (Subtotal) Column 2 | <input checked="" type="checkbox"/> 10 | Fixtures (Subtotal) Column 1 |
| OR | | | <input checked="" type="checkbox"/> 10 | TOTAL FIXTURES |
| <input type="checkbox"/> TRANSFER FEE (\$10.00) | Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge | | <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)**