



# PLUMBING PERMIT APPLICATION

**PROPERTY ADDRESS**  
 Street: 15 So Grafton St  
 CBL: 169 E023001

**PROPERTY OWNER(S) NAME**  
 OWNER NAME: Amanda Chase  
 Applicant Name: Amanda Chase  
 Mailing Address of Owner/Applicant (if Different): 19 Scott Plac 50 Port. Me 04106  
 E Mail: amandac716@gmail.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.  
 Amanda Chase 10/3/14  
 Signature of Owner/Applicant Date

Town/City PORTLAND Permit # 2016-08034  
 Date Permit Issued 10/07/14 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 \_\_\_\_\_ Date Approved (Final) \_\_\_\_\_

## PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING  <b>RECEIVED</b> OCT 07 2016 Dept. of Building Inspections City of Portland Maine	Type of Structure to be Served 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>	Plumbing to be installed by: NAME: Eric MacVane 1. <input checked="" 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 type="checkbox"/> PROPERTY OWNER  LICENSE # _____ 12124
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	Column 2	Column 1
	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 checked="" type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Hosebib / Sillcock	<input checked="" 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 checked="" 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"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	<b>Fixtures (Subtotal) Column 2</b>	<b>03</b> <b>Fixtures (Subtotal) Column 1</b>
		<b>03</b> <b>TOTAL FIXTURES</b>
	<b>Fees:</b> \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	40.00 Fixture Fee 10.00 Transfer Fee Surcharge
<input type="checkbox"/> TRANSFER FEE \$10.00		Hook-Up & Relocation Fee
		<b>50.00</b> <b>PERMIT FEE (TOTAL)</b>

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