



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street: 901 Washington Ave.	
CBL:	
PROPERTY OWNER(S) NAME	
OWNER NAME: Spurwink Services	
Applicant Name: Airtemp	
Mailing Address of Owner/Applicant 11 Wallace Ave (if Different)	
E Mail: dgrant@comfortsystemsusa.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.	
<small>peter.lewis@comfortsystemsusa.com Digitally signed by peter.lewis@comfortsystemsusa.com <small>DN: cn=peter.lewis@comfortsystemsusa.com <small>Date: 2014.12.18 09:42:04 -0500</small></small> </small>	
Signature of Owner/Applicant	Date

Town/City PORTLAND	Permit # _____
Date Permit Issued ____ / ____ / ____	Fee: \$ _____ Double Fee Charged <input type="checkbox"/>
L.P.I. # 360	
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 checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served 1. <input 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 _____ <div style="background-color: #90EE90; padding: 5px; text-align: center;"> Please call 874-8703 with your permit # to schedule inspections! </div>	Plumbing to be Installed by: NAME: Dean Grant E Mail: dgrant@comfortsystemsusa.com 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 # <u>05685</u>
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	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	_____ Hosebib / Sillcock	_____ Bathtub (and Shower)
	_____ Floor Drain	_____ Shower (separate)
	_____ Urinal	1 Sink
	_____ Drinking Fountain	_____ Wash Basin
	_____ Indirect Waste	_____ Water Closet (Toilet)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	_____ Water Treatment Softener, Filter, Etc.	_____ Clothes Washer
	_____ Grease / Oil Separator	_____ Dish Washer
	_____ Roof Drain	_____ Garbage Disposal
OR	_____ Bidet	_____ Laundry Tub
	_____ Other: _____	_____ Water Heater
	Fixtures (Subtotal) Column 2	1 Fixtures (Subtotal) Column 1
		1 TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture	_____ Fixture Fee _____ Transfer Fee
		_____ Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		\$40.00 PERMIT FEE (TOTAL)