



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 (if Different)	11 Wallace Ave. South Portland, ME 04106
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</small>	<small>Digitally signed by peter.lewis@comfortsystemsusa.com DN: cn=peter.lewis@comfortsystemsusa.com Date: 2015.03.10 09:08:14 -0400</small>
Signature of Owner/Applicant	Date

Town/City	PORTLAND	Permit #	_____
Date Permit Issued	___ / ___ / ___	Fee: \$	_____ Double Fee Charged <input type="checkbox"/>
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.			
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 checked="" type="checkbox"/> OTHER-SPECIFY <u>public service</u> <div style="background-color: #90EE90; padding: 5px; text-align: center; margin-top: 10px;"> Please call 874-8703 with your permit # to schedule inspections! </div>	Plumbing to be Installed by: NAME: <u>Dean Grant</u> E Mail: <u>dgrant@comfortsystemsusa.com</u> 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	1 Hosebib / Sillcock	Bathtub (and Shower)
	Floor Drain	Shower (separate)
	Urinal	Sink
	Drinking Fountain	1 Wash Basin
	Indirect Waste	2 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	3 Fixtures (Subtotal) Column 1
		4 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!		\$50.00 PERMIT FEE (TOTAL)