



# PLUMBING PERMIT APPLICATION

<b>PROPERTY ADDRESS</b>		<b>Town/City</b> PORTLAND		<b>Permit #</b> 2015 03012	
Street: 76 88 Columbia Rd Fl 2		Date Permit Issued: 12/15/15		Fee: \$ 50 - Double Fee Charged [ ]	
CBL: 181 DO18		 Local Plumbing Inspector Signature		L.P.I. # 360	
<b>PROPERTY OWNER(S) NAME</b>					
NAME: Nola Stewart		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.			
Applicant Name: Pine State Services, Samuel Marcisso					
Mailing Address of Owner/Applicant: 184 Main Street, Suite 1C South Portland, ME 04106					
<b>Owner/Applicant Statement</b>					
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.		<b>Caution: Inspection Required</b>			
Signature of Owner/Applicant _____ Date _____		I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.			
		LPI Signature _____		Date Approved (Rough-in) _____	
		LPI Signature _____		Date Approved (Final) _____	

PERMIT INFORMATION																																																										
<p><b>This Application is for</b></p> <p>1 <input type="checkbox"/> NEW PLUMBING</p> <p>2 <input checked="" type="checkbox"/> RELOCATED PLUMBING</p> <div style="text-align: center; transform: rotate(-45deg); opacity: 0.5;"> <p>RECEIVED DEC 15 2015 Dept. of Building Inspections City of Portland Maine</p> </div>	<p><b>Type of Structure to be Served</b></p> <p>1 <input type="checkbox"/> SINGLE FAMILY RESIDENCE</p> <p>2 <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4 <input checked="" type="checkbox"/> OTHER-SPECIFY <u>not sure</u></p> <div style="text-align: center; background-color: #ccc; padding: 5px; margin-top: 10px;"> <p><b>Please call 874-8703 with your permit # to schedule inspections!</b></p> </div>	<p><b>Plumbing to be Installed by:</b></p> <p><b>NAME:</b> <u>Samuel Marcisso</u></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>MS2501</u></p>																																																								
<p>Hook-Up &amp; Piping Relocation Maximum of 1 Hook-Up</p> <p><input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.</p> <p><input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system</p> <p><input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p style="text-align: center;"><b>OR</b></p> <p><input checked="" type="checkbox"/> TRANSFER FEE [\$10.00]</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Number</th> <th style="width: 80%;">Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Hosebib / Sillcock</td></tr> <tr><td><input type="checkbox"/></td><td>Floor Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Urinal</td></tr> <tr><td><input type="checkbox"/></td><td>Drinking Fountain</td></tr> <tr><td><input type="checkbox"/></td><td>Indirect Waste</td></tr> <tr><td><input type="checkbox"/></td><td>Water Treatment Softener, Filter, Etc.</td></tr> <tr><td><input type="checkbox"/></td><td>Grease / Oil Separator</td></tr> <tr><td><input type="checkbox"/></td><td>Roof Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Bidet</td></tr> <tr><td><input type="checkbox"/></td><td>Other: _____</td></tr> <tr><td colspan="2" style="text-align: right;"><b>Fixtures (Subtotal) Column 2</b></td></tr> </tbody> </table> <p style="text-align: center; font-size: small;">Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge</p>	Number	Type of Fixture	<input type="checkbox"/>	Hosebib / Sillcock	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Grease / Oil Separator	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Other: _____	<b>Fixtures (Subtotal) Column 2</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Number</th> <th style="width: 80%;">Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Bathtub (and Shower)</td></tr> <tr><td><input type="checkbox"/></td><td>Shower (separate)</td></tr> <tr><td><input type="checkbox"/></td><td>Sink</td></tr> <tr><td><input type="checkbox"/></td><td>Wash Basin</td></tr> <tr><td><input type="checkbox"/></td><td>Water Closet (Toilet)</td></tr> <tr><td><input type="checkbox"/></td><td>Clothes Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Dish Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Garbage Disposal</td></tr> <tr><td><input type="checkbox"/></td><td>Laundry Tub</td></tr> <tr><td><input type="checkbox"/></td><td>Water Heater</td></tr> <tr><td colspan="2" style="text-align: right;"><b>Fixtures (Subtotal) Column 1</b></td></tr> <tr><td colspan="2" style="text-align: right;"><b>TOTAL FIXTURES</b></td></tr> <tr><td><input type="checkbox"/></td><td>Fixture Fee</td></tr> <tr><td><input type="checkbox"/></td><td>Transfer Fee</td></tr> <tr><td><input type="checkbox"/></td><td>Hook-Up &amp; Relocation Fee</td></tr> </tbody> </table>	Number	Type of Fixture	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	Shower (separate)	<input type="checkbox"/>	Sink	<input type="checkbox"/>	Wash Basin	<input type="checkbox"/>	Water Closet (Toilet)	<input type="checkbox"/>	Clothes Washer	<input type="checkbox"/>	Dish Washer	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Laundry Tub	<input type="checkbox"/>	Water Heater	<b>Fixtures (Subtotal) Column 1</b>		<b>TOTAL FIXTURES</b>		<input type="checkbox"/>	Fixture Fee	<input type="checkbox"/>	Transfer Fee	<input type="checkbox"/>	Hook-Up & Relocation Fee
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