



11230

BING PERMIT APPLICATION

PROPERTY ADDRESS
 Street: 74 Phipps RD
 CBL: 183 AB 009

PROPERTY OWNER(S) NAME
 NAME: Qazi Shafiq
 Applicant Name: Dave Tranchemontagne
 Mailing Address of Owner/Applicant (if Different): 23 Haley RD, Arundel ME

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: *Qazi Shafiq* Date: 3-14-13

Town/City: PORTLAND Permit # 2013 00500
 Date Permit Issued: 3/15/13 Fee: \$ 50 Double Fee Charged []
 Local Plumbing Inspector Signature: *[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.

Signature: _____ Date Approved (Rough-in): _____
 LPI Signature: _____ Date Approved (Final): _____

PERMIT INFORMATION

This Application is for
 1. NEW PLUMBING
 2. RELOCATED PLUMBING

RECEIVED
 MAR 15 2013
 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: Dave Tranchemontagne
 1. MASTER PLUMBER
 2. OIL BURNERMAN
 3. MFG'D HOUSING DEALER / MECHANIC
 4. PUBLIC UTILITY EMPLOYEE
 5. PROPERTY OWNER
 LICENSE # M5 7000 6639

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 type="checkbox"/> 0	Hosebib / Sillcock	<input type="checkbox"/> 1	Bathtub (and Shower)
	<input type="checkbox"/> 0	Floor Drain	<input type="checkbox"/> 0	Shower (separate)
	<input type="checkbox"/> 0	Urinal	<input type="checkbox"/> 1	Sink
	<input type="checkbox"/> 0	Drinking Fountain	<input type="checkbox"/> 1	Wash Basin
	<input type="checkbox"/> 0	Indirect Waste	<input type="checkbox"/> 1	Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> 0	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> 1	Clothes Washer
	<input type="checkbox"/> 0	Grease / Oil Separator	<input type="checkbox"/> 0	Dish Washer
	<input type="checkbox"/> 0	Roof Drain	<input type="checkbox"/> 0	Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> 0	Bidet	<input type="checkbox"/> 0	Laundry Tub
	<input type="checkbox"/> 0	Other: _____	<input type="checkbox"/> 0	Water Heater
	<input type="checkbox"/> 6 Fixtures (Subtotal) Column 2		<input type="checkbox"/> Fixtures (Subtotal) Column 1	
OR			<input type="checkbox"/> 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)

183 AB 009