



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS
 Street: 38 Columbia St.
 CBL: 184 B017

PROPERTY OWNER(S) NAME
 OWNER NAME: McVeigh/Horton
 Applicant Name: Brian Leighton

Mailing Address of Owner/Applicant (If Different): 49 Meggie Ln., Portland, 04103
 E Mail: leightonplumbingandheating@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.
 Signature of Owner/Applicant: *Brian Leighton* Date: 10/2/14

Town/City: PORTLAND Permit # 261402298
 Date Permit Issued: 10/2/14 Fee: \$140 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.

LPI Signature: _____ Date Approved (Final): _____

PERMIT INFORMATION

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

RECEIVED
 OCT 02 2014
 Dept. of Building Inspection
 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: Brian Leighton
 E Mail: leightonplumbingandheating@gmail.com
 1. MASTER PLUMBER
 2. OIL BURNERMAN
 3. MFG'D HOUSING DEALER / MECHANIC
 4. PUBLIC UTILITY EMPLOYEE
 5. PROPERTY OWNER
 MS
 LICENSE # 1910911462511

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	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 checked="" type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	2	Hosebib / Sillcock
	0	Floor Drain
	0	Urinal
	0	Drinking Fountain
	0	Indirect Waste
	0	Water Treatment Softener, Filter, Etc.
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	0	Grease / Oil Separator
	0	Roof Drain
	0	Bidet
	0	Other: _____
OR	2	Fixtures (Subtotal) Column 2
<input type="checkbox"/> TRANSFER FEE \$10.00	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture	
	13	Fixtures (Subtotal) Column 1
		TOTAL FIXTURES
		Fixture Fee
		Transfer Fee
		Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		PERMIT FEE (TOTAL)