



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS		
Street: 80	WHITNEY AVENUE	
CBL: 186	BO17001	
PROPERTY OWNER(S) NAME		
OWNER NAME:	ANDREA TRUNCALI + NEIL A. RICE	
Applicant Name:	SHELDON GOLDMAN	
Mailing Address of Owner/Applicant (if Different)	31 DEARY TERRACE SO PORTLAND, ME 04106	
E Mail:	SHEKATGOL@HOTMAIL.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	Date 8/22/14	
PERMIT INFORMATION		
This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served 1. <input checked="" 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 _____ <b>Please call 874-8703 with your permit # to schedule inspections!</b>	
Plumbing to be Installed by: NAME: SHELDON GOLDMAN E Mail: SHEKATGOL@HOTMAIL.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 # MS 2362		
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture	Column 1 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.	Hosebib / Sillcock	Bathtub (and Shower)
	Floor Drain	Shower (separate)
	Urinal	Sink
	Drinking Fountain	Wash Basin
	Indirect Waste	Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	Water Treatment Softener, Filter, Etc.	Clothes Washer
	Grease / Oil Separator	Dish Washer
	Roof Drain	Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	Bidet	Laundry Tub
	Other: _____	Water Heater
	<b>Fixtures (Subtotal) Column 2</b>	<b>3   Fixtures (Subtotal) Column 1</b>
OR		<b>3   TOTAL FIXTURES</b>
<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
<b>Please call 874-8703 with your permit # to schedule inspections!</b>		<b>PERMIT FEE (TOTAL)</b>