



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	1239 CONGRESS ST
CBL:	186 0001001
PROPERTY OWNER(S) NAME	
OWNER NAME:	DIANNA ELLIS
Applicant Name:	BRIAN BAILEY
Mailing Address of Owner/Applicant (if Different)	233 JOB RD STANDISH ME 04084
E Mail:	BAB4990@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	Date 12-18-17

Town/City PORTLAND Permit # 2017-07423  
 Date Permit Issued 12/18/17 Fee: \$ 50.00 Double Fee Charged

Local Plumbing Inspector Signature \_\_\_\_\_ L.P.I. # 1081

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 12/18/17 (Final)

PERMIT INFORMATION																																																										
This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING RECEIVED DEC 18 2017	Type of Structure to be Served 1. <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" 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: BRIAN BAILEY 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 91001161681																																																								
Hook-Up & Piping Relocation Maximum of 1 Hook-Up <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 <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. OR <input type="checkbox"/> TRANSFER FEE [\$10.00]	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 2 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><input type="checkbox"/></td><td><b>Fixtures (Subtotal) Column 2</b></td></tr> </tbody> </table> <p>Fees:            \$10 Surcharge + First 4 fixtures = \$50 Minimum            Over 4 = \$10 Surcharge + \$10/fixture</p>	Number	Column 2 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: _____	<input type="checkbox"/>	<b>Fixtures (Subtotal) Column 2</b>	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 1 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 checked="" 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><input type="checkbox"/></td><td><b>Fixtures (Subtotal) Column 1</b></td></tr> <tr><td><input type="checkbox"/></td><td><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	Column 1 Type of Fixture	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	Shower (separate)	<input type="checkbox"/>	Sink	<input checked="" 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	<input type="checkbox"/>	<b>Fixtures (Subtotal) Column 1</b>	<input type="checkbox"/>	<b>TOTAL FIXTURES</b>	<input type="checkbox"/>	Fixture Fee	<input type="checkbox"/>	Transfer Fee	<input type="checkbox"/>	Hook-Up & Relocation Fee
Number	Column 2 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: _____																																																									
<input type="checkbox"/>	<b>Fixtures (Subtotal) Column 2</b>																																																									
Number	Column 1 Type of Fixture																																																									
<input type="checkbox"/>	Bathtub (and Shower)																																																									
<input type="checkbox"/>	Shower (separate)																																																									
<input type="checkbox"/>	Sink																																																									
<input checked="" 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																																																									
<input type="checkbox"/>	<b>Fixtures (Subtotal) Column 1</b>																																																									
<input type="checkbox"/>	<b>TOTAL FIXTURES</b>																																																									
<input type="checkbox"/>	Fixture Fee																																																									
<input type="checkbox"/>	Transfer Fee																																																									
<input type="checkbox"/>	Hook-Up & Relocation Fee																																																									
<b>Please call 874-8703 with your permit # to schedule inspections!</b>		\$50.00 PERMIT FEE (TOTAL)																																																								

BP 2017-00082