



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS
 Street: 148 Bolton St Unit 1
 CBL: 146A C020

PROPERTY OWNER(S) NAME
 NAME: Robert Coffman
 Applicant Name: Pine State Services, Samuel Marcisso
 Mailing Address of Owner/Applicant (if Different): 184 Main Street, Suite 1C South Portland, ME 04106

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 _____

Town/City PORTLAND Permit # 201500385
 Date Permit Issued 3 & 15 Fee: \$ 50 Double Fee Charged []
 Local Plumbing Inspector 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.

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

PERMIT INFORMATION

This Application is for 1 <input type="checkbox"/> NEW PLUMBING 2 <input checked="" type="checkbox"/> RELOCATED PLUMBING RECEIVED MAR 05 2015 Dept. of Building Inspections City of Portland Maine	Type of Structure to be Served 1 <input 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 <u>not sure</u>	Plumbing to be Installed by: NAME: Samuel Marcisso 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 # MS2501																																										
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