



11262

PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	SEWAL ST.
CBL:	190-D-9
PROPERTY OWNER(S) NAME	
NAME:	EYE CARE SURGERY
Applicant Name:	John Bellino P & H
Mailing Address of Owner/Applicant (if Different)	38 GRIELEY RD CUMBERLAND, ME 04021
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
<i>John Bellino</i>	4/10/13

Town/City PORTLAND Permit # 2013-00705
 Date Permit Issued 4/10/13 Fee: \$ 70 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.

Date Approved (Rough-in)

LPI Signature

Date Approved (Final)

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served 1. <input 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 _____	Plumbing to be Installed by: NAME: <i>John Bellino</i> <i>Rob PINARD</i> 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 # <i>02415</i>																																																																
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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> <th>Number</th> <th>Column 1 Type of Fixture</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Hosebib / Silcock</td> <td><input type="checkbox"/></td> <td>Bathtub (and Shower)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Shower (separate)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td>Sink</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Drinking Fountain</td> <td><input type="checkbox"/></td> <td>Wash Basin</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Indirect Waste</td> <td><input type="checkbox"/></td> <td>Water Closet (Toilet)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Water Treatment Softener, Filter, Etc.</td> <td><input type="checkbox"/></td> <td>Clothes Washer</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Grease / Oil Separator</td> <td><input type="checkbox"/></td> <td>Dish Washer</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Roof Drain</td> <td><input type="checkbox"/></td> <td>Garbage Disposal</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Bidet</td> <td><input type="checkbox"/></td> <td>Laundry Tub</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other: _____</td> <td><input type="checkbox"/></td> <td>Water Heater</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Fixtures (Subtotal) Column 2</td> <td><input type="checkbox"/></td> <td>Fixtures (Subtotal) Column 1</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td>TOTAL FIXTURES</td> </tr> <tr> <td></td> <td>Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge</td> <td><input type="checkbox"/></td> <td>Fixture Fee</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td>Transfer Fee</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td>Hook-Up & Relocation Fee</td> </tr> </tbody> </table>	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture	<input type="checkbox"/>	Hosebib / Silcock	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Shower (separate)	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	Sink	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Wash Basin	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Closet (Toilet)	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Clothes Washer	<input type="checkbox"/>	Grease / Oil Separator	<input type="checkbox"/>	Dish Washer	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Laundry Tub	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Water Heater	<input type="checkbox"/>	Fixtures (Subtotal) Column 2	<input type="checkbox"/>	Fixtures (Subtotal) Column 1			<input type="checkbox"/>	TOTAL FIXTURES		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)
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