



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	119 Bancroft St
CBL:	193 A012
PROPERTY OWNER(S) NAME	
OWNER NAME:	Dawn Leland
Applicant Name:	William Carr
Mailing Address of Owner/Applicant (if Different)	348 Gray Rd Fal
E Mail:	
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: 9/28/15

Town/City	PORTLAND	Permit #	2015 02361
Date Permit Issued	9/29/15	Fee: \$	50
		Double Fee Charged	<input type="checkbox"/>
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.

PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input 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 _____ Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: WILLIAM CARR 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 # 11632																																																								
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.	<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 colspan="2">Fixtures (Subtotal) Column 2</td></tr></tbody></table>	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: _____	Fixtures (Subtotal) Column 2		<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 checked="" 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 checked="" type="checkbox"/></td><td>Laundry Tub</td></tr><tr><td><input type="checkbox"/></td><td>Water Heater</td></tr><tr><td colspan="2">Fixtures (Subtotal) Column 1</td></tr><tr><td colspan="2">TOTAL FIXTURES</td></tr><tr><td colspan="2">Fixtures Fee</td></tr><tr><td colspan="2">Transfer Fee</td></tr><tr><td colspan="2">Hook-Up & Relocation Fee</td></tr></tbody></table>	Number	Column 1 Type of Fixture	<input type="checkbox"/>	Bathtub (and Shower)	<input checked="" 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 checked="" type="checkbox"/>	Laundry Tub	<input type="checkbox"/>	Water Heater	Fixtures (Subtotal) Column 1		TOTAL FIXTURES		Fixtures Fee		Transfer Fee		Hook-Up & Relocation Fee	
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