



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	4 Rabbit Run
CBL:	195 C009001
PROPERTY OWNER(S) NAME	
NAME:	Steven Santiago
Applicant Name:	Sanborn Plumbing Corp
Mailing Address of Owner/Applicant (if Different)	PO Box 475, Gray ME 04039
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.	
Terry W Sanborn	10-8-13
Signature of Owner/Applicant	Date

Town/City PORTLAND Permit # _____
 Date Permit Issued ____ / ____ / ____ Fee: \$ _____ Double Fee Charged []
 L.P.I. # 360
 Local Plumbing Inspector Signature _____

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.

 LPI Signature

 Date Approved (Final)

PERMIT INFORMATION

This Application is for 1 <input checked="" 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 _____ <p style="text-align: center;">Please call 874-8703 with your permit # to schedule inspections!</p>	Plumbing to be Installed by: NAME: Terry W Sanborn 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 # MS70002630
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
<input checked="" 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"/> Hosebib / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<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
	10 <input type="checkbox"/> Fixtures (Subtotal) Column 2	3 <input type="checkbox"/> Fixtures (Subtotal) Column 1
		3 <input type="checkbox"/> TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	40 <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! **50** **PERMIT FEE (TOTAL)**