



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	1 Thompson Point
CBL:	201 A005001
PROPERTY OWNER(S) NAME	
OWNER NAME:	Thompson Point Inc
Applicant Name:	Granite Corp
Mailing Address of Owner/Applicant (if Different)	PO Box 370 Oakland Maine 04963
E Mail:	kevin@granite-corp.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.	
	2/23/2016
Signature of Owner/Applicant	Date

Town/City **PORTLAND** Permit # _____

Date Permit Issued ___ / ___ / ___ Fee: \$ _____ 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.

LPI Signature

Date Approved (Final)

PERMIT INFORMATION

This Application is for	Type of Structure to be Served	Plumbing to be Installed by:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER-SPECIFY <u>MULTI PURPOSE</u>	NAME: <u>Kevin A Purnell</u> 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 # <u>MS8002</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
<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"/> 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 checked="" type="checkbox"/> Shower (separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input checked="" type="checkbox"/> 1 Urinal	<input checked="" type="checkbox"/> 1 Sink
	<input type="checkbox"/> Drinking Fountain	<input checked="" type="checkbox"/> 8 Wash Basin
	<input checked="" type="checkbox"/> 3 Indirect Waste	<input checked="" type="checkbox"/> 12 Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer
	<input checked="" type="checkbox"/> 2 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 checked="" type="checkbox"/> 3 Other: <u>TRENCH DRAIN</u>	<input type="checkbox"/> Water Heater
	<input checked="" type="checkbox"/> 9 Fixtures (Subtotal) Column 2	<input checked="" type="checkbox"/> 33 Fixtures (Subtotal) Column 1
OR		<input checked="" type="checkbox"/> 42 TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE \$[10.00]	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<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)**