



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS
 Street: 2 Thompson Point
 CBL: _____

PROPERTY OWNER(S) NAME
 OWNER NAME: Jeff Johnson
 Applicant Name: Robert S Dorr
 Mailing Address of Owner/Applicant (if Different): 17 Milliken Rd, Scarborough Me, 04074
 E Mail: rsdorr@yahoo.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.
Robert S Dorr 5/17/16
 Signature of Owner/Applicant Date

Town/City **PORTLAND** Permit # _____
 Date Permit Issued 5/17/16 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 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>Distillery</u> Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: <u>Robert S Dorr</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>08566</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"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Hosebib / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Shower (separate)
	<input checked="" type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input checked="" type="checkbox"/> Wash Basin
	<input checked="" type="checkbox"/> Indirect Waste	<input checked="" type="checkbox"/> Water Closet (Toilet)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input checked="" type="checkbox"/> Dish Washer
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
OR	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Water Heater
	13 Fixtures (Subtotal) Column 2	13 Fixtures (Subtotal) Column 1
		13 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) _____