

PLUMBING PERMIT APPLICATION

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Street: 685 Congress St CBL: 99 A019 CO 1 PROPERTY OWNER(S) NAME OWNER NAME: OWNER NAME: Applicant Name: CACAZZO J SANS PLUM DIRO Mailing Address of Owner/Applicant (If Different) E Mail: Scalazz Stalamai - com Owner/Applicant Statement		Town/City PORTLAND Permit #	
I cert/ty/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 Ovner/Applicant Date 166		I have inspected the installation	ion: Inspection Required In authorized above and found it to be in compliance aine Plumbing Bules Application. - - - - - 8
This Application is for 4. DNEW\PLUMBING 2. DRELOCATED PLUMBING RECEIVED JAN 1 6 2017 Permitting & Inspections City of Portland Maine	Type of Structure to be Served 1. SINGLE FAMILY RESIDENCE 2. MODULAR OR MOBILE HOME 3. MULTIPLE FAMILY DWELLING 4. COTHER-SPECIFY OWN Please call 874-8703 with your permit # to schedule inspections!		Plumbing to be Installed by: NAME: CACCO 1. MASTER PLUMBER 2. OIL BURNERMAN 3. MFG'D HOUSING DEALER / MECHANIC 4. PUBLIC UTILITY EMPLOYEE 5. PROPERTY OWNER LICENSE # 7844
Hook-Up & Piping Relocation Maximum: of:1 Hook-Up _ HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district. _ HOOK-UP: to an existing subsurface wastewater disposal system _ PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	Number Hosebib / Hosebib	ountain aste tment Softener, Filter,Etc. Dil Separator	Column 1 Number Type of Fixture
OR TRANSFERFEE [\$10.00] Please call 874-8703 with your	\$10 Surcharge + Fi Over 4 = \$10	Fees: rst 4 fixtures = \$50 Minimum Surcharge + \$10/fixture	

BP 2017 - 01747