



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	55 Riverview St
CBL:	223 0013 001
PROPERTY OWNER(S) NAME	
OWNER NAME:	James Wolf
Applicant Name:	Brian Johnson
Mailing Address of Owner/Applicant (if Different)	8 Clearbrook Crossing Kennebunk, ME 04043
E Mail:	Johnsonplumbing@icloud.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.	
Signature of Owner/Applicant	Date: 8-24-16

Town/City	PORTLAND	Permit #	2016-02266
Date Permit Issued	8-24-16	Fee: \$	Double Fee Charged <input type="checkbox"/>
Local Plumbing Inspector Signature	L.P.I. # 1081		
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.			
<b>Caution: Inspection Required</b>			
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

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p> <p style="text-align: center;">RECEIVED AUG 24 2016</p> <p style="text-align: center;">Dept. of Public Works Inspections</p>	<p>Type of Structure to be Served</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER-SPECIFY _____</p> <p style="text-align: center;"><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>Brian Johnson</u></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>7109</u></p>
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	Column 2	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 checked="" type="checkbox"/> 4	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"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/>	Grease / Oil Separator
	<input type="checkbox"/>	Roof Drain
	<input type="checkbox"/>	Bidet
	<input type="checkbox"/>	Other: _____
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input checked="" type="checkbox"/> 12	Fixtures (Subtotal) Column 2
	<input checked="" type="checkbox"/> 13	Fixtures (Subtotal) Column 1
OR		<b>TOTAL FIXTURES</b>
<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)**