



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: PORTLAND MAINE
15 WINDING WAY 04102
 CBL: 225-C-36

PROPERTY OWNER(S) NAME

NAME: SAMELUAH SHAHED
 Applicant Name: CHARLES A. FORTIN
 Mailing Address of Owner/Applicant (if Different) 30 MONUMENT ST. PORTLAND

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.

Charles A. Fortin 2-19-2014
 Signature of Owner/Applicant Date
207-939-4515

Town/City PORTLAND Permit # 2014-60333

Date Permit Issued 2/19/14 Fee: \$ 40 Double Fee Charged []

Local Plumbing Inspector Signature [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.

_____ Date Approved (Rough-in)
 _____ Date Approved (Final)

LPI Signature _____

PERMIT INFORMATION

<p>This Application is for</p> <p>1 <input type="checkbox"/> NEW PLUMBING</p> <p>2 <input checked="" type="checkbox"/> RELOCATED PLUMBING</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;">Please call 874-8703 with your permit # to schedule inspections!</p>	<p>Plumbing to be Installed by:</p> <p>NAME: _____</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>MS11937</u></p>
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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 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 checked="" type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input checked="" 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"/> HOOK-UP: to an existing subsurface wastewater disposal system	<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
OR	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Fixtures (Subtotal) Column 1
<input type="checkbox"/> TRANSFER FEE \$[10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	<input type="checkbox"/> TOTAL FIXTURES
		<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)