



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	1655 Westbrook St
CBL:	248 B106 001
PROPERTY OWNER(S) NAME	
OWNER NAME:	G Robinson Trust
Applicant Name:	Timothy C. Caudel
Mailing Address of Owner/Applicant (if Different)	21 Cummings Way Salmon Falls Me. 04105
E Mail:	
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
<i>Tim Caudel</i>	

Town/City	PORTLAND	Permit #	2017-07412
Date Permit Issued	11/16/17	Fee: \$	230.00
		Double Fee Charged	<input type="checkbox"/>
		L.P.I. #	1081
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)	
<i>[Signature]</i>		11-6-2017	

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</p> <p style="text-align: center;">NOV 06 2017</p> <p>Permitting & Inspections City of Portland Maine</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: <u>Tim Caudel</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>5986</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 checked="" type="checkbox"/> 3 Hosebib / Sillcock	<input type="checkbox"/> 1 Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> 4 Shower (separate)
	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> 2 Sink
	<input type="checkbox"/> Drinking Fountain	<input checked="" type="checkbox"/> 5 Wash Basin
	<input type="checkbox"/> Indirect Waste	<input checked="" type="checkbox"/> 4 Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> 1 Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> 1 Dish Washer
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Bidet	<input type="checkbox"/> 1 Laundry Tub
	<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> 1 Water Heater
	3 Fixtures (Subtotal) Column 2	11 Fixtures (Subtotal) Column 1
		TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	220.00 Fixture Fee 10.00 Transfer Fee Surcharge
		Hook-Up & Relocation Fee
		230.00 PERMIT FEE (TOTAL)

BP 2017-00669