



PLUMBING PERMIT APPLICATION

Mailing Address of Owner/Applicant (if Different) E Mail: 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	/ / Fee: \$ 40, 00 Double Fee Charged []	
PROPERTY OWNER(S) NAME OWNER NAME: Applicant Name: Mailing Address of Owner/Applicant (if Different) E Mail: Comparison of 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	L.P.I. # 360 Fixtures and Piping shall not be installed until a Permit is umbing Inspector. The Permit shall authorize the owner or lumbing system in accordance with this application and the a Subsurface Wastewater Disposal Rules.	
Applicant Name: Applicant Name: Mailing Address of Owner/Applicant (if Different) 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	Fixtures and Piping shall not be installed until a Permit is umbing Inspector. The Permit shall authorize the owner or lumbing system in accordance with this application and the a Subsurface Wastewater Disposal Rules.	
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Local Plumbing Inspector(s) to deny a permit	I have inspected the installation authorized above and found it to be in complian with the Maine Plumbing Rules Application.	
Signature of Owner/Applicant Date LPI Signature	Date Approved (Final)	
PERMIT INFORMATION		
This Application is for Type of Structure to be Served	Plumbing to be Installed by:	
NEW PLUMBING 1 SINGLE FAMILY RESIDENCE	NAME: SCOTT DAVIS	
RELOCATED PLUMBING	1 MASTER PLUMBER	
2 MODULAR OR MOBILE HOME		
3 MULTIPLE FAMILY DWELLING	2 OIL BURNERMAN	
	3 MFG'D HOUSING DEALER / MECHANIC	
4 DTHER-SPECIFY		
Please call 874-8703 with yo	PUBLIC UTILITY EMPLOYEE	
permit # to schedule inspection		
	LICENSE # (05) 87 45 1111	
Hook-Up & Piping Relocation Column 2 Number Type of Fixture	Column 1 Number Type of Fixture	
HOOK-UP: to public sewer by Hosebib / Sillcock	Bathtub (and Shower)	
nose cases where the Floor Drain	Shower (separate)	
onnection is not regulated and Urinal	Sink	
spected by the local sanitary Drinking Fountain		
listrict. Indirect Waste	Water Closet (Toilet)	
HOOK-UP: to an existing subsurface Water Treatment Softener, Filter,	1 / / / / / / / / / / / / / / / / / / /	
Grease / Oil Separator	Dish Washer	
_ _ Roof Drain	Garbage Disposal	
PIPING RELOCATION: of sanitary Bidet	L Laundry Tub	
ines, drains, and piping without new fixtures. Other: Live Alive And Police P	(A) Water Heater Water Heater Fixtures (Subtotal) Column 1	
OR OR	12 TOTAL FIXTURES	
Fees by fixture:	[4(10) Fixture Fee	
20	Transfer Fee	
TRANSFER FEE [\$10.00] First 4 fixtures = \$40 Over 4 = \$10/fixture	I I di loi di do	
TRANSFER FEE [\$10.00] First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	Hook-Up & Relocation Fee	

Receipt Page 1 of 1

TRANSACTION SUMMARY

TRANSACTION TYPE: SALE

PAYMENT ITEM	REFERENCE NUMBER	AMOUNT
NPS Convenience Fee		\$3.00
Plumbing Permit Minimum Fee	2014-02921	\$50,00
TOTAL:		\$53,00
#00#0F1#01#00#00##0XE#NN#9C#40#07#f0f400f000#0903#00000#0000#0000#0000#0000#00	. OC 8 0,00 W C 6 8 6 W C 8 C 8 C 6 C 8 C 8 C 8 C 8 C 8 C 8 C 8	
CITY OF PORTLAND TREASURY		
389 Congress Street		
Portland,ME 04101		
207-874-8853		
Arthur Davignou		
##XE#WOE#O4#\E#O4EWUC4O40\#\#PUIO#NO#O*PONJTPEONCPOO#X##O##E#############################	M O CEM C D J J C B S B J C B B B C K B D K D B D F E D MND D F D D D D J M D DD D C E E C T H D D B D C E M D B D D D D C E M D M D M D C C	www.mocwouwsuwmaswucwacworoordv&v<0004666164641
Transaction Number:		1065720
Date Processed:		12/19/2014 10:41:12 EST
Transaction Type:		Credit Card
VISA - Key Entered		CardNumber: **********8723
Authorization:		094113
Reference Number:		00950467
Plumbing Permit Minimum Fee		550.00
Total:		\$50.00
I agree to pay above total amount according to the card issuer agreement.		
Signature:		
Thank You		
MUNICIPAY*SERVICE FEE CITY OF PORTLAND		
400 Technology Way		
Scarborough, MF 04074		
877-290-1975		
Arthur Davignon		
***************************************	08 0 18 0 18 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Transaction Number:		1065720
Date Processed:		12/19/2014 10:41:12 EST
Transaction Type:		Credit Card
VISA - Key Entered		CardNumber: ***********8723
Authorization:		094113
Reference Number:		00950465
Convenience Fee		\$3,00
Total:		\$3.00
I agree to pay above total amount according to the card issuer agreement & understand this non-refundable convenience for will be charged to allow my payment via credit card.		
Signature:		
Signature.		
Thank You		
Printed: 12/19/2014 #0:41:21		