



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street: <u>550 WARREN AVE</u>	Town/City <u>PORTLAND</u> Permit # _____
CBL: <u>271 A002</u>	Date Permit Issued <u> </u> / <u> </u> / <u> </u> Fee: \$ _____ Double Fee Charged <input type="checkbox"/>
PROPERTY OWNER(S) NAME	
OWNER NAME: <u>Jim Grathel</u>	L.P.I. # <u>360</u>
Applicant Name: <u>James Grathel</u>	Local Plumbing Inspector Signature _____
Mailing Address of Owner/Applicant (if Different)	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.
E Mail: <u>jamie@factorymaine.com</u>	Caution: Inspection Required
Owner/Applicant Statement	I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.
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.	
<u>[Signature]</u> <u>11/12/2004</u> Signature of Owner/Applicant Date	_____ LPI Signature Date Approved (Final)

PERMIT INFORMATION		
This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served 1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____ <div style="border: 1px solid black; padding: 2px; text-align: center;"> Please call 874-8703 with your permit # to schedule inspections! </div>	Plumbing to be installed by: NAME: <u>Greg Abie</u> E Mail: _____ 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>8878</u>
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 type="checkbox"/> Bathtub (and Shower)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input 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"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	Other: _____	<input type="checkbox"/> Water Heater
OR	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
<input checked="" type="checkbox"/> TRANSFER FEE [\$10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture	TOTAL FIXTURES
		Fixture Fee Transfer Fee
		Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		PERMIT FEE (TOTAL)

10 \$200 w/c