



# PLUMBING PERMIT APPLICATION

**PROPERTY ADDRESS**  
 Street: 49 Birchdale 39 Birchvale  
 CBL:

**PROPERTY OWNER(S) NAME**  
 OWNER NAME:  
 Applicant Name: Norio Steve Punsky  
 Mailing Address of Owner/Applicant (if Different): 35 Miller St Portland Maine 04112  
 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] 10/11/16  
 Signature of Owner/Applicant Date

Town/City **PORTLAND** Permit # 2016-08043  
 Date Permit Issued 10/11/16 Fee: \$ 50.00 Double Fee Charged   
 Local Plumbing Inspector Signature [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.

**Caution: Inspection Required**  
 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.

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 LPI Signature Date Approved (Final)

## PERMIT INFORMATION

<p><b>This Application is for</b></p> <p>1. <input type="checkbox"/> NEW PLUMBING          2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p> <p>RECEIVED  <b>OCT 11 2016</b>          Dept. of Building Inspections          City of Portland Maine</p>	<p><b>Type of Structure to be Served</b></p> <p>1. <input checked="" 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 _____</p> <p><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>	<p><b>Plumbing to be Installed by:</b></p> <p>NAME: <u>Steve Punsky</u></p> <p>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</p> <p>LICENSE # <u>7834</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 type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Shower (separate)
	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input checked="" type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Grease / Oil Separator	<input checked="" type="checkbox"/> Dish Washer
	<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
<b>OR</b>	<b>Fixtures (Subtotal) Column 2</b>	<b>Fixtures (Subtotal) Column 1</b>
<input type="checkbox"/> TRANSFER FEE [\$10.00]	<b>Fees:</b> \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<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)**