



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 1041 Brighton Ave

CBL: 274 D061 001

PROPERTY OWNER(S) NAME

OWNER NAME: Douglas

Applicant Name: Carazzo & Sai's Plumbing

Mailing Address of Owner/Applicant (if Different): 700 US Kf Chad Scarborough ME 04074

E Mail: scarazz25@gmail.com

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: [Signature] Date: 9/5/17

Town/City PORTLAND Permit # 2017-07338

Date Permit Issued 9/5/17 Fee: \$ 50.00 Double Fee Charged

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: [Signature] Date Approved (Final): 9-5-2017

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;">SEP 05 2017</p> <p style="text-align: center;">Permitting & Inspections City of Portland Maine</p>	<p>Type of Structure to be Served</p> <p>1. <input 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 checked="" type="checkbox"/> OTHER-SPECIFY <u>commercial</u></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>Steve</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>7846</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2	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"/>	Floor Drain
	<input type="checkbox"/>	Urinal
	<input type="checkbox"/>	Drinking Fountain
	<input type="checkbox"/>	Indirect Waste
	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/>	Grease / Oil Separator
	<input type="checkbox"/>	Roof Drain
	<input type="checkbox"/>	Bidet
	<input type="checkbox"/>	Other: _____
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/>	Other: _____
	<input checked="" type="checkbox"/>	Fixtures (Subtotal) Column 2
OR		<input checked="" type="checkbox"/>
<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<input type="checkbox"/> TOTAL FIXTURES <u>40.00</u> Fixture Fee <u>10.00</u> Transfer Fee <i>Surcharge</i>

Please call 874-8703 with your permit # to schedule inspections!

BP 2017 - 01075