



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	See Attached
CBL:	274 6001
PROPERTY OWNER(S) NAME	
NAME:	Portland Housing Authority
Applicant Name:	Portland Housing Authority
Mailing Address of Owner/Applicant (if Different)	14 Baxter Blvd Portland, ME 04101
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

Town/City PORTLAND Permit # \_\_\_\_\_  
 Date Permit Issued \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Double Fee Charged [ ]  
 Local Plumbing Inspector Signature \_\_\_\_\_ L.P.I. # 360

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.

\_\_\_\_\_  
Date Approved (Rough-in)

\_\_\_\_\_  
LPI Signature

\_\_\_\_\_  
Date Approved (Final)

## PERMIT INFORMATION

<b>This Application is for</b> 1 <input type="checkbox"/> NEW PLUMBING 2 <input checked="" type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure to be Served</b> 1 <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2 <input type="checkbox"/> MODULAR OR MOBILE HOME 3 <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4 <input type="checkbox"/> OTHER-SPECIFY _____  <b>Please call 874-8703 with your permit # to schedule inspections!</b>	<b>Plumbing to be Installed by:</b> <b>NAME:</b> <u>Gibral for Construction</u> 1 <input type="checkbox"/> MASTER PLUMBER 2 <input type="checkbox"/> OIL BURNERMAN 3 <input checked="" type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC 4 <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5 <input type="checkbox"/> PROPERTY OWNER  LICENSE #
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	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.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	274	Water Closet (Toilet)
	<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system		Water Treatment Softener, Filter, Etc.	
		Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Bidet		Laundry Tub
		Other: _____		Water Heater
<b>OR</b>	<b>Fixtures (Subtotal) Column 2</b>		<b>Fixtures (Subtotal) Column 1</b>	
			274	
<input checked="" type="checkbox"/> TRANSFER FEE (\$10.00)	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge		274.00 160.00 300.00	
			<b>TOTAL FIXTURES</b>	
			<b>Hook-Up &amp; Relocation Fee</b>	

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

300.00 PERMIT FEE (TOTAL)

Sagamore Villiage CBL	Building #	# of units	Physical Address	
274 G001		1	4	1011 Brighton 1013 Brighton 1015 Brighton 1 Cabot
		3	4	5 Cabot 7 Cabot 9 Cabot 11 Cabot
		5	4	15 Cabot 17 Cabot 19 Cabot 21 Cabot
		7	4	23 Cabot 25 Cabot 27 Cabot 29 Cabot
		9	4	33 Cabot 10 Popham 12 Popham 16 Popham
		2	4	1029 Brighton