



# PLUMBING PERMIT APPLICATION

## PROPERTY ADDRESS

Street: See Attached

CBL: 274-1001

## 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 1/1/01 Fee: \$ \_\_\_\_\_ Double Fee Charged [ ]

L.P.I. # 360

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.

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

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

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

## PERMIT INFORMATION

This Application is for  
 1  NEW PLUMBING  
 2  RELOCATED PLUMBING

Type of Structure to be Served  
 1  SINGLE FAMILY RESIDENCE  
 2  MODULAR OR MOBILE HOME  
 3  MULTIPLE FAMILY DWELLING  
 4  OTHER-SPECIFY \_\_\_\_\_

Plumbing to be Installed by:  
 NAME: Gibralter Construction  
 1  MASTER PLUMBER  
 2  OIL BURNERMAN  
 3  MFG'D HOUSING DEALER / MECHANIC  
 4  PUBLIC UTILITY EMPLOYEE  
 5  PROPERTY OWNER  
 LICENSE # | | | | | | | | | |

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

Hook-Up & Piping Relocation  
 Maximum of 1 Hook-Up  
 HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.  
 HOOK-UP: to an existing subsurface wastewater disposal system  
 PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

Number	Column 2 Type of Fixture
	Hosebib / Sillcock
	Floor Drain
	Urinal
	Drinking Fountain
	Indirect Waste
	Water Treatment Softener, Filter, Etc.
	Grease / Oil Separator
	Roof Drain
	Bidet
	Other: _____
	<b>Fixtures (Subtotal) Column 2</b>

Number	Column 1 Type of Fixture
	Bathtub (and Shower)
	Shower (separate)
	Sink
	Wash Basin
	Water Closet (Toilet)
	Clothes Washer
	Dish Washer
	Garbage Disposal
	Laundry Tub
	Water Heater
	<b>Fixtures (Subtotal) Column 1</b>

OR  
 TRANSFER FEE (\$10.00)

Fees by fixture:  
 First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge

110 TOTAL FIXTURES  
320.00 Fixture Fee  
80.00 Transfer Fee

\_\_\_\_\_ Hook-Up & Relocation Fee  
400.00 PERMIT FEE (TOTAL)

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

274-I001

44	2	73 Josslyn
		75 Josslyn
46	2	69 Josslyn
		71 Josslyn
47	2	63 Josslyn
		65 Josslyn
79	2	25 Godfrey
		27 Godfrey
80		31 Godfrey
	2	33 Godfrey
81		37 Godfrey
	2	39 Godfrey
88		12 Gorges
	2	14 Gorges
89		18 Gorges
	2	20 Gorges