



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street: 897 Brighton Avenue	
CBL: 284-C001501	
PROPERTY OWNER(S) NAME	
NAME: Tin Pan Bakery/ Barrett Made	
Applicant Name: Pine State Services, Samuel Marcisso	
Mailing Address of Owner/Applicant (if Different): 3 Eisenhower Drive, Westbrook ME 04092	
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 to deny a permit.	
Signature of Owner/Applicant: [Signature] Date: 9.15.16	
Town/City: PORTLAND Permit #: 2016-08011	
Date Permit Issued: 9/19/16 Fee: \$ 700 Double Fee Charged: []	
Local Plumbing Inspector Signature: [Signature] LPI # 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: [Signature] Date Approved (Final): []	

PERMIT INFORMATION																																																										
This Application is for 1 <input type="checkbox"/> NEW PLUMBING 2 <input checked="" 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 checked="" type="checkbox"/> OTHER-SPECIFY <u>Commercial</u> Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: Samuel Marcisso 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 # MS2501																																																								
Hook-Up & Piping Relocation Maximum of 1 Hook-Up 1 <input checked="" type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district. 2 <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system 3 <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<table border="1"><thead><tr><th>Number</th><th>Column 2 Type of Fixture</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td>Hosebib / Sillcock</td></tr><tr><td><input type="checkbox"/></td><td>Floor Drain</td></tr><tr><td><input type="checkbox"/></td><td>Urinal</td></tr><tr><td><input type="checkbox"/></td><td>Drinking Fountain</td></tr><tr><td><input type="checkbox"/></td><td>Indirect Waste</td></tr><tr><td><input type="checkbox"/></td><td>Water Treatment Softener, Filter, Etc.</td></tr><tr><td><input type="checkbox"/></td><td>Grease / Oil Separator</td></tr><tr><td><input type="checkbox"/></td><td>Roof Drain</td></tr><tr><td><input type="checkbox"/></td><td>Bidet</td></tr><tr><td><input type="checkbox"/></td><td>Other:</td></tr><tr><td><input type="checkbox"/></td><td>Fixtures (Subtotal) Column 2</td></tr></tbody></table>	Number	Column 2 Type of Fixture	<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"/>	Grease / Oil Separator	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Fixtures (Subtotal) Column 2	<table border="1"><thead><tr><th>Number</th><th>Column 1 Type of Fixture</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td>Bathbub (and Shower)</td></tr><tr><td><input type="checkbox"/></td><td>Shower (separate)</td></tr><tr><td><input type="checkbox"/></td><td>Sink</td></tr><tr><td><input type="checkbox"/></td><td>Wash Basin</td></tr><tr><td><input type="checkbox"/></td><td>Water Closet (Toilet)</td></tr><tr><td><input type="checkbox"/></td><td>Clothes Washer</td></tr><tr><td><input type="checkbox"/></td><td>Dish Washer</td></tr><tr><td><input type="checkbox"/></td><td>Garbage Disposal</td></tr><tr><td><input type="checkbox"/></td><td>Laundry Tub</td></tr><tr><td><input type="checkbox"/></td><td>Water Heater</td></tr><tr><td><input type="checkbox"/></td><td>Fixtures (Subtotal) Column 1</td></tr><tr><td><input type="checkbox"/></td><td>TOTAL FIXTURES</td></tr><tr><td><input type="checkbox"/></td><td>Fixture Fee</td></tr><tr><td><input type="checkbox"/></td><td>Transfer Fee</td></tr><tr><td><input type="checkbox"/></td><td>Hook-Up & Relocation Fee</td></tr></tbody></table>	Number	Column 1 Type of Fixture	<input type="checkbox"/>	Bathbub (and Shower)	<input type="checkbox"/>	Shower (separate)	<input type="checkbox"/>	Sink	<input type="checkbox"/>	Wash Basin	<input type="checkbox"/>	Water Closet (Toilet)	<input type="checkbox"/>	Clothes Washer	<input type="checkbox"/>	Dish Washer	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Laundry Tub	<input type="checkbox"/>	Water Heater	<input type="checkbox"/>	Fixtures (Subtotal) Column 1	<input type="checkbox"/>	TOTAL FIXTURES	<input type="checkbox"/>	Fixture Fee	<input type="checkbox"/>	Transfer Fee	<input type="checkbox"/>	Hook-Up & Relocation Fee
Number	Column 2 Type of Fixture																																																									
<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"/>	Grease / Oil Separator																																																									
<input type="checkbox"/>	Roof Drain																																																									
<input type="checkbox"/>	Bidet																																																									
<input type="checkbox"/>	Other:																																																									
<input type="checkbox"/>	Fixtures (Subtotal) Column 2																																																									
Number	Column 1 Type of Fixture																																																									
<input type="checkbox"/>	Bathbub (and Shower)																																																									
<input type="checkbox"/>	Shower (separate)																																																									
<input type="checkbox"/>	Sink																																																									
<input type="checkbox"/>	Wash Basin																																																									
<input type="checkbox"/>	Water Closet (Toilet)																																																									
<input type="checkbox"/>	Clothes Washer																																																									
<input type="checkbox"/>	Dish Washer																																																									
<input type="checkbox"/>	Garbage Disposal																																																									
<input type="checkbox"/>	Laundry Tub																																																									
<input type="checkbox"/>	Water Heater																																																									
<input type="checkbox"/>	Fixtures (Subtotal) Column 1																																																									
<input type="checkbox"/>	TOTAL FIXTURES																																																									
<input type="checkbox"/>	Fixture Fee																																																									
<input type="checkbox"/>	Transfer Fee																																																									
<input type="checkbox"/>	Hook-Up & Relocation Fee																																																									
OR	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	PERMIT FEE (TOTAL)																																																								
<input type="checkbox"/> TRANSFER FEE (\$10.00)		\$ 70																																																								
Please call 874-8703 with your permit # to schedule inspections!																																																										

CITY OF PORTLAND
DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
389 Congress Street
Portland, Maine 04101

PLUMBING PERMIT RECEIPT

Application No: 2016-08011	Applicant: SAMBA LLC
Project Desc: 6 plumbing fixtures	Location: 899 BRIGHTON AVE
CBL: 284 C001001	Plumber: Pine State Services Inc.
Invoice Date: 09/19/2016	License #: MS2501

Previous Balance	-	Payment Received	+	Current Fees	-	Current Payment	=	Total Due	Payment Due Date
\$0.00		\$0.00		\$70.00					On Receipt

Previous Balance

\$0.00

Fee Description	Qty	Fee
Minimum Fee	1	\$60.00
Surcharge	1	\$10.00
Water Heater	1	\$10.00
Wash Basin	2	\$20.00
Sink	1	\$10.00
Laundry Tub	1	\$10.00
Grease / Oil Separator	1	\$10.00
		<u>\$70.00</u>

Total Current Payments: -

Minimum Amount Due Now:

CBL: 284 C001001 **Application No:** 2016-08011
Bill to: SAMBA LLC
P.O.BOX 10110
PORTLAND, ME 04104

Invoice Date: 09/19/2016

Invoice No: 59863

Total Amt Due:

Payment Amount:

Make checks payable to the *City of Portland*, ATTN: Inspections, 3rd Floor, 389 Congress Street, Portland, ME 04101.