



# PLUMBING PERMIT APPLICATION

| PROPERTY ADDRESS                                                                                                                                                                      |                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Street:                                                                                                                                                                               | 10 Ludlow Terrace                    |
| CBL:                                                                                                                                                                                  | 286 A021                             |
| PROPERTY OWNER(S) NAME                                                                                                                                                                |                                      |
| OWNER NAME:                                                                                                                                                                           | Timothy Washburn                     |
| Applicant Name:                                                                                                                                                                       | Joe Discatario                       |
| Mailing Address of Owner/Applicant (if Different)                                                                                                                                     | 92 Puritan Dr<br>Westbrook, ME 04092 |
| E Mail:                                                                                                                                                                               | discatario@hotmail.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                                                                                                                                                          | Date 9-18-15                         |

|                                    |          |              |                                                  |
|------------------------------------|----------|--------------|--------------------------------------------------|
| Town/City                          | PORTLAND | Permit #     | 2015-02263                                       |
| Date Permit Issued                 | 9/18/15  | Fee: \$      | 50 - Double Fee Charged <input type="checkbox"/> |
| 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.

|               |                       |
|---------------|-----------------------|
| LPI Signature | Date Approved (Final) |
|---------------|-----------------------|

## PERMIT INFORMATION

| <p><b>This Application is for</b></p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p> | <p><b>Type of Structure to be Served</b></p> <p>1. <input checked="" 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 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>Joe Discatario</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>MS91013872</u></p>                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                             |        |                             |                          |                    |                                     |                      |                          |             |                          |                   |                          |        |                                     |      |                          |                   |                          |            |                          |                |                                     |                       |                          |                                        |                          |                |                          |                        |                          |             |                          |            |                          |                  |                          |       |                          |             |                          |              |                          |              |                                     |  |                                     |  |  |  |                       |  |                                                                                                     |  |                          |             |  |  |                          |              |  |  |                          |                          |                                                                         |  |
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|                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                | <p>Hook-Up &amp; Piping Relocation<br/>Maximum of 1 Hook-Up</p> <p><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.</p> <p><input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system</p> <p><input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p>OR</p> <p><input type="checkbox"/> TRANSFER FEE \$10.00</p> | <table border="1"> <thead> <tr> <th>Number</th> <th>Column 2<br/>Type of Fixture</th> <th>Number</th> <th>Column 1<br/>Type of Fixture</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Hosebib / Sillcock</td> <td><input checked="" type="checkbox"/></td> <td>Bathtub (and Shower)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Shower (separate)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input checked="" type="checkbox"/></td> <td>Sink</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Drinking Fountain</td> <td><input type="checkbox"/></td> <td>Wash Basin</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Indirect Waste</td> <td><input checked="" type="checkbox"/></td> <td>Water Closet (Toilet)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Water Treatment Softener, Filter, Etc.</td> <td><input type="checkbox"/></td> <td>Clothes Washer</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Grease / Oil Separator</td> <td><input type="checkbox"/></td> <td>Dish Washer</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Roof Drain</td> <td><input type="checkbox"/></td> <td>Garbage Disposal</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Bidet</td> <td><input type="checkbox"/></td> <td>Laundry Tub</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other: _____</td> <td><input type="checkbox"/></td> <td>Water Heater</td> </tr> <tr> <td colspan="2"><b>Fixtures (Subtotal) Column 2</b></td> <td colspan="2"><b>Fixtures (Subtotal) Column 1</b></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><b>TOTAL FIXTURES</b></td> </tr> <tr> <td colspan="2">Fees:<br/>\$10 Surcharge + First 4 fixtures = \$50 Minimum<br/>Over 4 = \$10 Surcharge + \$10/fixture</td> <td><input type="checkbox"/></td> <td>Fixture Fee</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/></td> <td>Transfer Fee</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/></td> <td>Hook-Up &amp; Relocation Fee</td> </tr> <tr> <td colspan="2"><b>Please call 874-8703 with your permit # to schedule inspections!</b></td> <td colspan="2"><b>PERMIT FEE (TOTAL)</b></td> </tr> </tbody> </table> | Number | Column 2<br>Type of Fixture | Number | Column 1<br>Type of Fixture | <input type="checkbox"/> | Hosebib / Sillcock | <input checked="" type="checkbox"/> | Bathtub (and Shower) | <input type="checkbox"/> | Floor Drain | <input 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"/> | Grease / Oil Separator | <input 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>Fixtures (Subtotal) Column 2</b> |  | <b>Fixtures (Subtotal) Column 1</b> |  |  |  | <b>TOTAL FIXTURES</b> |  | Fees:<br>\$10 Surcharge + First 4 fixtures = \$50 Minimum<br>Over 4 = \$10 Surcharge + \$10/fixture |  | <input type="checkbox"/> | Fixture Fee |  |  | <input type="checkbox"/> | Transfer Fee |  |  | <input type="checkbox"/> | Hook-Up & Relocation Fee | <b>Please call 874-8703 with your permit # to schedule inspections!</b> |  |
| Number                                                                                                                                      | Column 2<br>Type of Fixture                                                                                                                                                                                                                                                                                                                                                    | Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Column 1<br>Type of Fixture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                             |        |                             |                          |                    |                                     |                      |                          |             |                          |                   |                          |        |                                     |      |                          |                   |                          |            |                          |                |                                     |                       |                          |                                        |                          |                |                          |                        |                          |             |                          |            |                          |                  |                          |       |                          |             |                          |              |                          |              |                                     |  |                                     |  |  |  |                       |  |                                                                                                     |  |                          |             |  |  |                          |              |  |  |                          |                          |                                                                         |  |
| <input type="checkbox"/>                                                                                                                    | Hosebib / Sillcock                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Bathtub (and Shower)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                             |        |                             |                          |                    |                                     |                      |                          |             |                          |                   |                          |        |                                     |      |                          |                   |                          |            |                          |                |                                     |                       |                          |                                        |                          |                |                          |                        |                          |             |                          |            |                          |                  |                          |       |                          |             |                          |              |                          |              |                                     |  |                                     |  |  |  |                       |  |                                                                                                     |  |                          |             |  |  |                          |              |  |  |                          |                          |                                                                         |  |
| <input type="checkbox"/>                                                                                                                    | Floor Drain                                                                                                                                                                                                                                                                                                                                                                    | <input 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"/>                                                                                                                    | Grease / Oil Separator                                                                                                                                                                                                                                                                                                                                                         | <input 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>Fixtures (Subtotal) Column 2</b>                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                | <b>Fixtures (Subtotal) Column 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                             |        |                             |                          |                    |                                     |                      |                          |             |                          |                   |                          |        |                                     |      |                          |                   |                          |            |                          |                |                                     |                       |                          |                                        |                          |                |                          |                        |                          |             |                          |            |                          |                  |                          |       |                          |             |                          |              |                          |              |                                     |  |                                     |  |  |  |                       |  |                                                                                                     |  |                          |             |  |  |                          |              |  |  |                          |                          |                                                                         |  |
|                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                | <b>TOTAL FIXTURES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                             |        |                             |                          |                    |                                     |                      |                          |             |                          |                   |                          |        |                                     |      |                          |                   |                          |            |                          |                |                                     |                       |                          |                                        |                          |                |                          |                        |                          |             |                          |            |                          |                  |                          |       |                          |             |                          |              |                          |              |                                     |  |                                     |  |  |  |                       |  |                                                                                                     |  |                          |             |  |  |                          |              |  |  |                          |                          |                                                                         |  |
| Fees:<br>\$10 Surcharge + First 4 fixtures = \$50 Minimum<br>Over 4 = \$10 Surcharge + \$10/fixture                                         |                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Fixture Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                             |        |                             |                          |                    |                                     |                      |                          |             |                          |                   |                          |        |                                     |      |                          |                   |                          |            |                          |                |                                     |                       |                          |                                        |                          |                |                          |                        |                          |             |                          |            |                          |                  |                          |       |                          |             |                          |              |                          |              |                                     |  |                                     |  |  |  |                       |  |                                                                                                     |  |                          |             |  |  |                          |              |  |  |                          |                          |                                                                         |  |
|                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Transfer Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |                             |        |                             |                          |                    |                                     |                      |                          |             |                          |                   |                          |        |                                     |      |                          |                   |                          |            |                          |                |                                     |                       |                          |                                        |                          |                |                          |                        |                          |             |                          |            |                          |                  |                          |       |                          |             |                          |              |                          |              |                                     |  |                                     |  |  |  |                       |  |                                                                                                     |  |                          |             |  |  |                          |              |  |  |                          |                          |                                                                         |  |
|                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Hook-Up & Relocation Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                             |        |                             |                          |                    |                                     |                      |                          |             |                          |                   |                          |        |                                     |      |                          |                   |                          |            |                          |                |                                     |                       |                          |                                        |                          |                |                          |                        |                          |             |                          |            |                          |                  |                          |       |                          |             |                          |              |                          |              |                                     |  |                                     |  |  |  |                       |  |                                                                                                     |  |                          |             |  |  |                          |              |  |  |                          |                          |                                                                         |  |
| <b>Please call 874-8703 with your permit # to schedule inspections!</b>                                                                     |                                                                                                                                                                                                                                                                                                                                                                                | <b>PERMIT FEE (TOTAL)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                             |        |                             |                          |                    |                                     |                      |                          |             |                          |                   |                          |        |                                     |      |                          |                   |                          |            |                          |                |                                     |                       |                          |                                        |                          |                |                          |                        |                          |             |                          |            |                          |                  |                          |       |                          |             |                          |              |                          |              |                                     |  |                                     |  |  |  |                       |  |                                                                                                     |  |                          |             |  |  |                          |              |  |  |                          |                          |                                                                         |  |

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