


PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street: 33 Hicks Street	
CBL: 298 E019001	
PROPERTY OWNER(S) NAME	
OWNER NAME: Anthony & Patricia Ellsworth	
Applicant Name: Anthony Ellsworth	
Mailing Address of Owner/Applicant (if Different): 27 Winfiled Lane Lyman, ME 04002	
E Mail: pmellsworth@roadrunner.cc	
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.	
Anthony Ellsworth	5/21/2017
Signature of Owner/Applicant	Date

Town/City: PORTLAND	Permit # 2017-07204
Date Permit Issued: 5/22/17	Fee: \$ 50 Double Fee Charged <input type="checkbox"/>
L.P.I. # 1081	
Local Plumbing Inspector Signature	
<p>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.</p>	
Caution: Inspection Required	
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.	
 LPF Signature	Date Approved (Final)

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p> <div style="text-align: center; margin-top: 20px;"> <p>RECEIVED</p> <p>MAY 22 2017</p> <p>Dept. of Building Inspections City of Portland Maine</p> </div>	<p>Type of Structure to be Served</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 style="text-align: center; font-weight: bold; margin-top: 10px;">Please call 874-8703 with your permit # to schedule inspections!</p>	<p>Plumbing to be Installed by:</p> <p>NAME: D&P Plumbing</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 checked="" type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # MS90013056</p>
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	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.	<input type="checkbox"/> Hosebib / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	1 <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 type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	Fixtures (Subtotal) Column 2	1 Fixtures (Subtotal) Column 1
OR		1 TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE \$10.00	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	160 Fixture Fee Transfer Fee
Please call 874-8703 with your permit # to schedule inspections!		60 PERMIT FEE (TOTAL)