



# PLUMBING PERMIT APPLICATION

| PROPERTY ADDRESS  |            |
|---|------------|
| Street:   |            |
| CBL:  |            |
| PROPERTY OWNER(S) NAME  |            |
| OWNER NAME:   |            |
| Applicant Name:   |            |
| Mailing Address of Owner/Applicant (if Different)   |            |
| E Mail:   |            |
| Owner/Applicant Statement   |            |
| I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector(s) to deny a permit. |            |
| Signature of Owner/Applicant _____  | Date _____ |

|   |                                      |
|---|--------------------------------------|
| Town/City <b>PORTLAND</b>   | Permit # _____                       |
| Date Permit Issued ____ / ____ / ____   | Fee: \$ _____ Double Fee Charged [ ] |
| L.P.I. # <b>360</b>   |                                      |
| Local Plumbing Inspector Signature _____  |                                      |
| The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules. |                                      |
| <b>Caution: Inspection Required</b>   |                                      |
| 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

|  |  |   |
|--|--|---|
| <b>This Application is for</b><br>1. <input type="checkbox"/> NEW PLUMBING<br>2. <input type="checkbox"/> RELOCATED PLUMBING | <b>Type of Structure to be Served</b><br>1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE<br>2. <input type="checkbox"/> MODULAR OR MOBILE HOME<br>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING<br>4. <input type="checkbox"/> OTHER-SPECIFY _____<br><br><div style="background-color: #90EE90; padding: 5px; text-align: center;"> <b>Please call 874-8703 with your permit # to schedule inspections!</b> </div> | <b>Plumbing to be Installed by:</b><br><b>NAME:</b> _____<br>1. <input type="checkbox"/> MASTER PLUMBER<br>2. <input type="checkbox"/> OIL BURNERMAN<br>3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC<br>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE<br>5. <input type="checkbox"/> PROPERTY OWNER<br><br>LICENSE # |
|--|--|---|

| Hook-Up & Piping Relocation<br>Maximum of 1 Hook-Up  | Column 2<br>Number Type of Fixture  | Column 1<br>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  | <input type="checkbox"/> Shower (separate)                                    |
|  | <input type="checkbox"/> Urinal   | <input 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   |
|  | <b>Fixtures (Subtotal) Column 2</b>   | <b>Fixtures (Subtotal) Column 1</b>   |
| <b>OR</b>  |   | <b>TOTAL FIXTURES</b>   |
| <input type="checkbox"/> TRANSFER FEE [\$10.00]  | Fees by fixture:<br>First 4 fixtures = \$40 Over 4 = \$10/fixture<br>+ \$10 Surcharge | <input type="checkbox"/> Fixture Fee<br><input type="checkbox"/> Transfer Fee |
|  |   | <input type="checkbox"/> Hook-Up & Relocation Fee                             |

Please call 874-8703 with your permit # to schedule inspections!
**PERMIT FEE (TOTAL)**



Jeff Levine, AICP, Director  
Planning & Urban Development Department

Tammy Munson, Director  
Inspections Division

**Electronic Signature and Fee Payment Confirmation**

*Notice: Your electronic signature is considered a legal signature per state law.*

By digitally signing the attached document(s), you are signifying your understanding this is a legal document and your electronic signature is considered a **legal signature** per Maine state law. You are also signifying your intent on paying your fees by the opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are **paid in full** to the Inspections Office, City of Portland Maine by method noted below:

Within 24-48 hours, upon receipt of an e-mailed invoice from Building Inspections, which signifies that my electronic permit application and corresponding paperwork have been received, determined complete, entered by an administrative representative, and assigned a permit number, I then have the following four (4) payment options:

provide an on-line electronic check or credit/debit card (we now accept American Express, Discover, VISA, and MasterCard) payment (along with applicable fees beginning July 1, 2014),

call the Inspections Office at (207) 874-8703 and speak to an administrative representative to provide a credit/debit card payment over the phone,

hand-deliver a payment method to the Inspections Office, Room 315, Portland City Hall,

deliver a payment method through the U.S. Postal Service, at the following address:

City of Portland, Inspections Division  
389 Congress Street, Room 315  
Portland, Maine 04101

Once my payment has been received, this then starts the review process of my permit. ***After all approvals have been met and completed, I will then be issued my permit via e-mail.*** No work shall be started until I have received my permit.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have provided digital copies and sent them on: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: All electronic paperwork must be delivered to [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov) or by physical means ie; a thumb drive or CD to the office.