



# PLUMBING PERMIT APPLICATION

## PROPERTY ADDRESS

Street: 31 Castine Ave

CBL: 309 D011

## PROPERTY OWNER(S) NAME

NAME: Michele Peters

Applicant Name: Michele Peters

Mailing Address of Owner/Applicant (if Different)

### 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.

Michele Peters Date 8/1/14  
Signature of Owner/Applicant

Town/City PORTLAND Permit # 2014 01710

Date Permit Issued 8/1/14 Fee: \$ 50 Double Fee Charged [ ]

[Signature] L.P.I. # 360  
Local Plumbing Inspector Signature

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

### Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.

\_\_\_\_\_  
LPI Signature Date Approved (Final)

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

## PERMIT INFORMATION

- This Application is for
- 1  NEW PLUMBING
  - 2  RELOCATED PLUMBING

### Type of Structure to be Served

- 1  SINGLE FAMILY RESIDENCE
- 2  MODULAR OR MOBILE HOME
- 3  MULTIPLE FAMILY DWELLING
- 4  OTHER-SPECIFY She D

### Plumbing to be Installed by:

NAME: \_\_\_\_\_

- 1.  MASTER PLUMBER
- 2.  OIL BURNERMAN
- 3.  MFG'D HOUSING DEALER / MECHANIC
- 4.  PUBLIC UTILITY EMPLOYEE
- 5.  PROPERTY OWNER

LICENSE # | | | | | | | | | |

RECEIVED  
AUG 01 2014  
Dept. of Building Inspections  
City of Portland Maine

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

### Hook-Up & Piping Relocation Maximum of 1 Hook-Up

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

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

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

OR

TRANSFER FEE (\$10.00)

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

TOTAL FIXTURES

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

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**PERMIT FEE (TOTAL)**