



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS		
Street:	45 Lane Ave.	
CBL:	310 - B - 023 - 001	
PROPERTY OWNER(S) NAME		
NAME:	Barbara (Yebpah) LaVallee	
Applicant Name:	Barbara (Yebpah) LaVallee	
Mailing Address of Owner/Applicant (if Different)	83 Northern Oaks Drive Raymond, ME 04071	
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	
<i>Barbara C. LaVallee</i>	7/9/13	
Town/City PORTLAND Permit # _____		
Date Permit Issued / / Fee: \$ _____ Double Fee Charged []		
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.		
Date Approved (Rough-in)		
LPI Signature Date Approved (Final)		
PERMIT INFORMATION		
This Application is for	Type of Structure to be Served	Plumbing to be Installed by:
1. <input checked="" type="checkbox"/> NEW PLUMBING	1. <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE	NAME: <u>Brian Luce</u>
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	1. <input checked="" type="checkbox"/> MASTER PLUMBER
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	2. <input type="checkbox"/> OIL BURNERMAN
	4. <input type="checkbox"/> OTHER-SPECIFY _____	3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC
		4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE # <u>1874</u>
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	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	<input checked="" type="checkbox"/> Shower (separate)
	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input checked="" type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input checked="" type="checkbox"/> Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Fixtures (Subtotal) Column 1
OR		<input checked="" type="checkbox"/> TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE \$10.00	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	<input type="checkbox"/> Fixture Fee
		<input type="checkbox"/> Transfer Fee
		<input type="checkbox"/> Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		40 - PERMIT FEE (TOTAL)