

## PLUMBING PERMIT APPLICATION

| Street: 61 farhom Street  CBL: 3(0 E04) CO  PROPERTY OWNER(S) NAME  OWNER NAME: Jahrel Registe  Applicant Name:  Mailing Address of Owner/Applicant  (if Different)  E Mail: Jegiste 2 J Q gmail 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 Required  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. 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.  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 installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to installed until a Permit is issued by the Local Plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.  Level Plumbing Inspector Signature  The Internal Plumbing Inspector. The Permit shall authorize the owner or installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the Owner or installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the Owner or installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the Owner or installed un |
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| PROPERTY OWNER(S) NAME  OWNER NAME: Jahrel Registe  Applicant Name:  Mailing Address of Owner/Applicant (if Different)  E Mail: Jegiste 23 @ gmail. Com  Owner/Applicant Statement  I certify that the information submitted is correct to the best of my knowledge and understand that ary falisffication is reason for the Local Plumbing Inspector Signature  Caution: Inspection Required  I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.  Light 1081  Local Plumbing Inspector Signature  The Internal 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.  Light 2//7  Signature d'Owner/Applicant  Date 11/2//7  Date Approved (Final)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Applicant Name:    Applicant Name:   Cariff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 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. 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.  Local Plumbing Inspector. The Permit is issued by the Local 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.  Li - 2 - 2017  E Mail:  Local Plumbing Inspector. The Permit is issued by the Local Plumbing Inspector. The Permit is issued by the Local Plumbing Inspector. The Permit is issued by the Local Plumbing Inspector. The Permit is issued by the Local Plumbing Inspector. The Permit is issued by the Local Plumbing Inspector. The Permit is issued by the Local Plumbing Inspector. The Permit is issued by the Local Plumbing Inspector. The Permit is issued by the Local Plumbing Inspector. The Permit is a correct to install the plumbing Inspector. The Permit is a correct to install the plumbing Inspector. The Permit is a correct to install the plumbing Inspector. The Permit is a correct to install the plumbing Inspector.  I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Inspector.  Li - 2 - 2017  E Mail:   Li - 2 - 2017                                                                              |
| Mailing Address of Owner/Applicant (if Different)  E Mail:   Cegliste 2   Omail 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 Flumbing 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 Mainer Plumbing Bules Application.  Local Flumbing 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.  I have inspected the installation authorized above and found it to be in compliance with the Mainer Plumbing Bules Application.  LI - 2 - 20 1 7  E Mail:   Cegliste 2   Omail Com  Owner/Applicant Statement  I have inspected the installation authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.  I have inspected the installation authorized above and found it to be in compliance with the Mainer Plumbing Bules Application.  LI - 2 - 20 1 7  E Mail:   Cegliste 2   Omail Com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 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 1/2//7  LPI Signature  I have inspected the installation authorized above and found it to be in compliance with the Maine Dlumbing Burles Application.  LI - 2 - 2017  LPI Signature  Date Approved  (Final)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Local Dumbing Inspector(s) to deny a permit.    1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Signature of Owner/Applicant Date 1/2//7 LPI Signature Date Date Approved (Final)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (Final)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| DEPMIT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| PERMIT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Thi≼ Application is for Type of Structure to be Served Plumbing to be Installed by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| A PONICIA DI LIMBINIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| 2. MODULAR OR MOBILE HOME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2. OIL BURNERMAN 3. MULTIPLE FAMILY DWELLING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| RECEIVED  3. MFG'D HOUSING DEALER / MECHANIC  4. OTHER-SPECIFY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 4 T PUBLIC UTILITY EMPLOYEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Please call 874-8703 with your                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Permitting & Inspections City of Portland Maine  permit # to schedule inspections.  5. LI PROPERTY OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| LICENSE # [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Hook-Up & Piping Relocation Column 2 Column 1  Maximum of 1 Hook-Up Number Type of Fixture Number Type of Fixture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| LLI HOOK-UP: to public sewer by LI Hosebib / Sillcock Bathtub (and Shower)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| those cases where the Floor Drain   1 Shower (separate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| connection is not regulated and Urinal Sink                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| inspected by the local sanitary        Drinking Fountain           Wash Basin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| district.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| HOOK-UP: to an existing subsurface               Water Treatment Softener, Filter, Etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Grease / Oil Separator   Dish Washer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Roof Drain   Garbage Disposal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| L PIPING RELOCATION: of sanitary   Bidet   Laundry Tub                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| lines, drains, and piping without new fixtures.   Other:   Water Heater                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Fixtures (Subtotal) Column 2       Fixtures (Subtotal) Column 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| OR    _  TOTAL FIXTURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture  Fixture Fee Transfer Fee Surcharge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Hook-Up & Relocation Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Please call 874-8703 with your permit # to schedule inspections! 50.00 PERMIT FEE (TOTAL)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |