



# PLUMBING PERMIT APPLICATION


PROPERTY ADDRESS	
Street:	600 Riverside Street
CBL:	322 A001001
PROPERTY OWNER(S) NAME	
OWNER NAME:	Seacoast Scaffolding
Applicant Name:	Airtemp
Mailing Address of Owner/Applicant (if Different)	20 Thomas Drive Westbrook
E Mail:	dgrant@comfortsystemsuse
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.	
Dean Grant	11/29/17
Signature of Owner/Applicant	Date

Town/City	PORTLAND	Permit #	2017-07442
Date Permit Issued	11/30/17	Fee:	\$50.00
		Double Fee Charged	<input type="checkbox"/>
		L.P.I. #	1081
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.


11/30/17

LPI Signature Date Approved (Final)

## PERMIT INFORMATION

<p><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p> <p style="text-align: center;">RECEIVED NOV 30 2017 Dept. of Building Inspections City of Portland Maine</p>	<p><b>Type of Structure to be Served</b></p> <p>1. <input 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 checked="" type="checkbox"/> OTHER-SPECIFY _____</p> <p style="text-align: center; background-color: #cccccc;"><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>	<p><b>Plumbing to be Installed by:</b></p> <p>NAME: <u>Dean Grant</u></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 type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>05685</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2	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"/> HOOK-UP: to an existing subsurface wastewater disposal system  <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/>	Hosebib / Sillcock
	<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: _____
	<b>1</b>	<b>Fixtures (Subtotal) Column 2</b>
	<b>1</b>	<b>Fixtures (Subtotal) Column 1</b>
<b>OR</b>		<b>2</b>
<input type="checkbox"/> TRANSFER FEE [\$10.00]	<b>Fees:</b> \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	
		<b>2</b>
		<b>TOTAL FIXTURES</b>
		Fixture Fee
		Transfer Fee
		Hook-Up & Relocation Fee
<b>Please call 874-8703 with your permit # to schedule inspections!</b>		<b>\$50 PERMIT FEE (TOTAL)</b>