



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street: 867 RIVERSIDE ST	
CBL:	
PROPERTY OWNER(S) NAME	
OWNER NAME: RAYMOND PECOR JR	
Applicant Name: MAINELY PLG & HTG INC	
Mailing Address of Owner/Applicant (if Different) 674 MAIN ST, GORHAM, MAINE 04038	
E Mail: jim@mainelyplumbing.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(s) to deny a permit.	
	
Signature of Owner/Applicant	Date 7-24-15

Town/City PORTLAND	Permit # _____
Date Permit Issued ____/____/____	Fee: \$ _____ Double Fee Charged <input type="checkbox"/>
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) _____

PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served 1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER-SPECIFY <u>Bowling Alley</u> <div style="border: 1px solid black; padding: 5px; text-align: center;"> Please call 874-8703 with your permit # to schedule inspections! </div>	Plumbing to be Installed by: NAME: JAMES ROBINSON 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>MS2401</u>																																																								
Hook-Up & Piping Relocation Maximum of 1 Hook-Up <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. OR <input type="checkbox"/> TRANSFER FEE \$10.00	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 2 Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1</td><td>Hosebib / Sillcock</td></tr> <tr><td><input type="checkbox"/> 2</td><td>Floor Drain</td></tr> <tr><td><input type="checkbox"/> 2</td><td>Urinal</td></tr> <tr><td><input type="checkbox"/></td><td>Drinking Fountain</td></tr> <tr><td><input type="checkbox"/></td><td>Indirect Waste</td></tr> <tr><td><input type="checkbox"/></td><td>Water Treatment Softener, Filter, Etc.</td></tr> <tr><td><input type="checkbox"/></td><td>Grease / Oil Separator</td></tr> <tr><td><input type="checkbox"/></td><td>Roof Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Bidet</td></tr> <tr><td><input type="checkbox"/></td><td>Other: _____</td></tr> <tr> <td>5</td> <td>Fixtures (Subtotal) Column 2</td> </tr> </tbody> </table> <p style="text-align: center;">Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture</p>	Number	Column 2 Type of Fixture	<input type="checkbox"/> 1	Hosebib / Sillcock	<input type="checkbox"/> 2	Floor Drain	<input type="checkbox"/> 2	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: _____	5	Fixtures (Subtotal) Column 2	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 1 Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Bathtub (and Shower)</td></tr> <tr><td><input type="checkbox"/></td><td>Shower (separate)</td></tr> <tr><td><input type="checkbox"/></td><td>Sink</td></tr> <tr><td><input type="checkbox"/> 4</td><td>Wash Basin</td></tr> <tr><td><input type="checkbox"/> 5</td><td>Water Closet (Toilet)</td></tr> <tr><td><input type="checkbox"/> 1</td><td>Clothes Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Dish Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Garbage Disposal</td></tr> <tr><td><input type="checkbox"/> 1</td><td>Laundry Tub</td></tr> <tr><td><input type="checkbox"/> 2</td><td>Water Heater</td></tr> <tr> <td>13</td> <td>Fixtures (Subtotal) Column 1</td> </tr> <tr> <td>18</td> <td>TOTAL FIXTURES</td> </tr> <tr> <td><input type="checkbox"/> 190</td> <td>Fixture Fee</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Transfer Fee</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hook-Up & Relocation Fee</td> </tr> </tbody> </table>	Number	Column 1 Type of Fixture	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	Shower (separate)	<input type="checkbox"/>	Sink	<input type="checkbox"/> 4	Wash Basin	<input type="checkbox"/> 5	Water Closet (Toilet)	<input type="checkbox"/> 1	Clothes Washer	<input type="checkbox"/>	Dish Washer	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/> 1	Laundry Tub	<input type="checkbox"/> 2	Water Heater	13	Fixtures (Subtotal) Column 1	18	TOTAL FIXTURES	<input type="checkbox"/> 190	Fixture Fee	<input type="checkbox"/>	Transfer Fee	<input type="checkbox"/>	Hook-Up & Relocation Fee
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