



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS
 Street: 899 Riverside St.
 CBL: 326 B004001

PROPERTY OWNER(S) NAME
 OWNER NAME: Spurwink Services (Smith h
 Applicant Name: Southern Maine Plbg & Htg

Mailing Address of 160 Presumpscot St.
 Owner/Applicant Portland ME 04103
 (if Different)
 E Mail: someplbg@aol.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 *[Signature]* Date 11/21/16

Town/City PORTLAND Permit # 2016-08118
 Date Permit Issued 11/21/16 Fee: \$ _____ Double Fee Charged
 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.
 LPI Signature *[Signature]* Date Approved 11/21/16 (Final)

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input 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 _____ Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: Leonard R. Drapeau 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 # MS 02288
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	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"/> Hosebib / Sillcock	<input type="checkbox"/> 2 Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> 2 Shower (separate)
	<input type="checkbox"/> Urinal	<input type="checkbox"/> 6 Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> 4 Wash Basin
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> 4 Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> 2 Clothes Washer
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> 1 Grease / Oil Separator	<input type="checkbox"/> 1 Dish Washer
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> 2 Water Heater
OR	05 Fixtures (Subtotal) Column 2	23 Fixtures (Subtotal) Column 1
<input type="checkbox"/> TRANSFER FEE \$10.00	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	28 TOTAL FIXTURES
		<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!		PERMIT FEE (TOTAL)