



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS
 Street: 56 Evergreen Drive
 CBL: _____

PROPERTY OWNER(S) NAME
 OWNER NAME: Immucell

Applicant Name: Daniel P. Kelley

Mailing Address of Owner/Applicant (if Different)
 AAA Energy Service Co.
 4 Commercial Road
 Scarborough, Maine 04074

E Mail: dankelley@aaaenergy.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: 10-1-14

Town/City PORTLAND Permit # _____
 Date Permit Issued ___ / ___ / ___ Fee: \$ _____ Double Fee Charged
 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 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 <u>Warehouse</u> <div style="background-color: black; width: 100px; height: 20px; margin-top: 5px;"></div>	Plumbing to be Installed by: NAME: Daniel P. Kelley E Mail: dankelley@aaaenergy.com 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 # MS60007491
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	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		Hosebib / Sillcock		Bathtub (and Shower)
	2	Floor Drain		Shower (separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, Etc.		Clothes Washer
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	2	Grease / Oil Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
	Other: _____		Water Heater	
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
OR			4	TOTAL FIXTURES
<input checked="" type="checkbox"/> TRANSFER FEE [\$10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture		60	Fixture Fee Transfer Fee
				Hook-Up & Relocation Fee
			60	PERMIT FEE (TOTAL)