



PLUMBING PERMIT APPLICATION

| PROPERTY ADDRESS | |
|---|---|
| Street: | 120 Allen Avenue |
| CBL: | 342-B01A 001 |
| PROPERTY OWNER(S) NAME | |
| OWNER NAME: | Vanessa Greco |
| Applicant Name: | Vanessa Greco |
| Mailing Address of Owner/Applicant (if Different) | 22 Frankie Lane Cumberland, ME 04021 |
| E Mail: | Vanessa@portsidereg.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: 12/16/17 |

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|---|---------------|----------|---|
| Town/City | PORTLAND | Permit # | 2017-07455 |
| Date Permit Issued | 12/14/17 | Fee: \$ | 50.00 Double Fee Charged <input type="checkbox"/> |
| Local Plumbing Inspector Signature | LPI # 1081 | | |
| 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

| | | |
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| <p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">DEC 14 2017</p> <p>Dept. of Building Inspections City of Portland Maine</p> | <p>Type of Structure to be Served</p> <p>1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER-SPECIFY _____</p> <p style="text-align: center;">Please call 874-8703 with your permit # to schedule inspections!</p> | <p>Plumbing to be Installed by:</p> <p>NAME: Babak Mohabbati</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 # H590014484</p> |
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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"/> | Hosebib / Silcock | <input type="checkbox"/> | Bathtub (and Shower) |
| <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system | <input checked="" type="checkbox"/> | Floor Drain | <input type="checkbox"/> | Shower (separate) |
| <input checked="" type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | <input type="checkbox"/> | Urinal | <input type="checkbox"/> | Sink |
| | <input type="checkbox"/> | Drinking Fountain | <input type="checkbox"/> | Wash Basin |
| | <input type="checkbox"/> | Indirect Waste | <input type="checkbox"/> | Water Closet (Toilet) |
| | <input type="checkbox"/> | Water Treatment Softener, Filter, Etc. | <input type="checkbox"/> | Clothes Washer |
| | <input type="checkbox"/> | Grease / Oil Separator | <input type="checkbox"/> | 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"/> | Water Heater |
| | <input type="checkbox"/> | Fixtures (Subtotal) Column 2 | <input type="checkbox"/> | Fixtures (Subtotal) Column 1 |
| OR | | | <input type="checkbox"/> | TOTAL FIXTURES |
| <input checked="" type="checkbox"/> TRANSFER FEE (\$10.00) | Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture | | <input checked="" type="checkbox"/> | Fixture Fee Transfer Fee |
| Please call 874-8703 with your permit # to schedule inspections! | | | <input checked="" type="checkbox"/> | Hook-Up & Relocation Fee |
| | | | 50.00 | PERMIT FEE (TOTAL) |