



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street: 98 Skylark Road	
CBL:	
PROPERTY OWNER(S) NAME	
OWNER NAME: Frank DiDonato	
Applicant Name: John Connors	
Mailing Address of Owner/Applicant (if Different)	1261 Roosevelt Trail Raymond, ME 04071
E Mail: johnconnors2010@yahoo.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.	
John Connors Signature	_____
Signature of Owner/Applicant	Date _____

Town/City	PORTLAND	Permit #	_____
Date Permit Issued	___ / ___ / ___	Fee: \$	_____ Double Fee Charged <input type="checkbox"/>
Local Plumbing Inspector Signature		L.P.I. # 360	
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

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure to be Served</p> <p>1. <input checked="" 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 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: John Connors</p> <p>E Mail: johnconnors2010@yahoo.com</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 # 07593 </p>
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	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	2	Hosebib / Sillcock	1	Bathtub (and Shower)
		Floor Drain	1	Shower (separate)
		Urinal	1	Sink
		Drinking Fountain	3	Wash Basin
		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, Etc.	1	Clothes Washer
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease / Oil Separator	1	Dish Washer
		Roof Drain	1	Garbage Disposal
		Bidet		Laundry Tub
OR		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			14	TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE \$10.00	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture		140	Fixture Fee Transfer Fee
				Hook-Up & Relocation Fee

Please call 874-8703 with your permit # to schedule inspections!	140	PERMIT FEE (TOTAL)
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