

201265665



11204

PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 88 SkyCreek RD.

CBL: 349 I007

PROPERTY OWNER(S) NAME

NAME: Berthe Norman

Applicant Name: Gerard G. Letellier

Mailing Address of Owner/Applicant (If Different): P.O. Box 1151 Bid. Me. 04005

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]
Signature of Owner/Applicant Date

Town/City PORTLAND Permit # 2013 00274

Date Permit Issued 2/12/13 Fee: \$ 130 Double Fee Charged []

[Signature]
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.

Date Approved (Rough-in)

LPI Signature Date Approved (Final)

PERMIT INFORMATION

This Application is for
1. NEW PLUMBING
2. RELOCATED PLUMBING

RECEIVED
FEB 12 2013
Dept. of Building Inspections
City of Portland Maine

Type of Structure to be Served
1. SINGLE FAMILY RESIDENCE
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER-SPECIFY _____

Please call 874-8703 with your permit # to schedule inspections!

Plumbing to be Installed by:
NAME: Gerard Letellier

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D HOUSING DEALER / MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE # 1111164571

| 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"/> 2 | Hosebib / Sillcock | <input type="checkbox"/> 1 | Bathtub (and Shower) |
| | <input type="checkbox"/> | Floor Drain | <input type="checkbox"/> 1 | Shower (separate) |
| | <input type="checkbox"/> | Urinal | <input type="checkbox"/> 1 | Sink |
| | <input type="checkbox"/> | Drinking Fountain | <input type="checkbox"/> 2 | Wash Basin |
| | <input type="checkbox"/> | Indirect Waste | <input type="checkbox"/> 2 | Water Closet (Toilet) |
| | <input type="checkbox"/> | Water Treatment Softener, Filter, Etc. | <input type="checkbox"/> 1 | Clothes Washer |
| | <input type="checkbox"/> | Grease / Oil Separator | <input type="checkbox"/> 1 | Dish Washer |
| <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system | <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"/> 1 | Water Heater |
| <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | <input type="checkbox"/> Fixtures (Subtotal) Column 2 | | <input type="checkbox"/> Fixtures (Subtotal) Column 1 | |
| | OR | | <input type="checkbox"/> 10 | TOTAL FIXTURES |
| <input type="checkbox"/> TRANSFER FEE [\$10.00] | Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge | | <input type="checkbox"/> 2 | Fixture Fee |
| | | | <input type="checkbox"/> 12 | Transfer Fee |
| | | | <input type="checkbox"/> | Hook-Up & Relocation Fee |
| Please call 874-8703 with your permit # to schedule inspections! | | <u>130</u> | PERMIT FEE (TOTAL) | |