

# 11175

## PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS		PROPERTY OWNER(S) NAME																																																							
Street: <u>910 Riverside ST</u> CBL: <u>Riverside Golf Course</u>		Town/City <u>PORTLAND</u> Permit # <u>2012057 03</u> Date Permit Issued <u>12/31/12</u> Fee: \$ <u>150</u> Double Fee Charged [ ] Local Plumbing Inspector Signature <u>[Signature]</u> L.P.I. # 360																																																							
NAME: <u>City of Portland</u> Applicant Name: <u>Jimino's Plumbing &amp; Heating</u> Mailing Address of Owner/Applicant (if Different) <u>1407 Riverside ST</u> <u>Portland ME 04103</u>		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.																																																							
<b>Owner/Applicant Statement</b>  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.  <u>[Signature]</u> Signature of Owner/Applicant Date <u>12/31/12</u>		<b>Caution: Inspection Required</b>  I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.  <div style="text-align: right;">           Date Approved (Rough-In) _____            LPI Signature _____ Date Approved (Final) _____         </div>																																																							
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<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING <u>City of Portland Project</u>	<b>Type of Structure to be Served</b> 1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____  <b>Please call 874-8703 with your permit # to schedule inspections!</b>	<b>Plumbing to be Installed by:</b> NAME: <u>Michael Jimino</u> 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 # <u>05683</u>																																																							
<b>Hook-Up &amp; Piping Relocation</b> Maximum of 1 Hook-Up <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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.  <b>OR</b>  <input type="checkbox"/> TRANSFER FEE [\$10.00]	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Number</th> <th style="text-align: center;">Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Hosebib / Sillcock</td></tr> <tr><td><input type="checkbox"/></td><td>3 Floor Drain</td></tr> <tr><td><input type="checkbox"/></td><td>2 Urinal</td></tr> <tr><td><input type="checkbox"/></td><td>Drinking Fountain</td></tr> <tr><td><input type="checkbox"/></td><td>Indirect Waste</td></tr> <tr><td><input type="checkbox"/></td><td>Water Treatment Softener, Filter, Etc.</td></tr> <tr><td><input type="checkbox"/></td><td>Grease / Oil Separator</td></tr> <tr><td><input type="checkbox"/></td><td>Roof Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Bidet</td></tr> <tr><td><input type="checkbox"/></td><td>Other: _____</td></tr> <tr> <td colspan="2"><b>Fixtures (Subtotal) Column 2</b></td> </tr> </tbody> </table>	Number	Type of Fixture	<input type="checkbox"/>	Hosebib / Sillcock	<input type="checkbox"/>	3 Floor Drain	<input type="checkbox"/>	2 Urinal	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Grease / Oil Separator	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Other: _____	<b>Fixtures (Subtotal) Column 2</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Number</th> <th style="text-align: center;">Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Bathtub (and Shower)</td></tr> <tr><td><input type="checkbox"/></td><td>1 Shower (separate)</td></tr> <tr><td><input type="checkbox"/></td><td>Sink</td></tr> <tr><td><input type="checkbox"/></td><td>4 Wash Basin</td></tr> <tr><td><input type="checkbox"/></td><td>5 Water Closet (Toilet)</td></tr> <tr><td><input type="checkbox"/></td><td>Clothes Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Dish Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Garbage Disposal</td></tr> <tr><td><input type="checkbox"/></td><td>Laundry Tub</td></tr> <tr><td><input type="checkbox"/></td><td>Water Heater</td></tr> <tr> <td colspan="2"><b>Fixtures (Subtotal) Column 1</b></td> </tr> <tr> <td colspan="2"><b>TOTAL FIXTURES</b></td> </tr> <tr> <td colspan="2">           Fixture Fee            Transfer Fee         </td> </tr> <tr> <td colspan="2">           Hook-Up &amp; Relocation Fee         </td> </tr> </tbody> </table>		Number	Type of Fixture	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	1 Shower (separate)	<input type="checkbox"/>	Sink	<input type="checkbox"/>	4 Wash Basin	<input type="checkbox"/>	5 Water Closet (Toilet)	<input type="checkbox"/>	Clothes Washer	<input type="checkbox"/>	Dish Washer	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Laundry Tub	<input type="checkbox"/>	Water Heater	<b>Fixtures (Subtotal) Column 1</b>		<b>TOTAL FIXTURES</b>		Fixture Fee Transfer Fee		Hook-Up & Relocation Fee	
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