

Under slab 4/30/13



2013 007

11920

MIT APPLICATION

PROPERTY ADDRESS	
Street:	910 Riverside Street
CBL:	357 A1
PROPERTY OWNER(S) NAME	
NAME:	City of Portland
Applicant Name:	Siminos Plumbing
Mailing Address of Owner/Applicant (if Different)	1407 Riverside Street Portland, Me 04101
Owner/Applicant Statement	
<p>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.</p> <p><i>[Signature]</i> 4/29/13</p> <p>Signature of Owner/Applicant Date</p>	

Town/City	PORTLAND	Permit #	2013 00850
Date Permit Issued	4/29/13	Fee: \$	0.80
		Double Fee Charged []	
Local Plumbing Inspector Signature		L.P.I. # 360	
<p>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.</p>			
Caution: Inspection Required			
<p>I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.</p>			
		Date Approved (Rough-in)	
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 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 checked="" type="checkbox"/> OTHER-SPECIFY <u>Club House</u></p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>Mike Simino</u></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER 776-0994</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 # <u>05683</u></p>																												
<p>Please call 874-8703 with your permit # to schedule inspections!</p>																														
<p>Hook-Up & Piping Relocation</p> <p>Maximum of 1 Hook-Up</p> <p><input checked="" type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.</p> <p><input type="checkbox"/> HOOK-UP: to an existing subsurface water disposal system.</p>	<p>Column 2</p> <table border="1"> <thead> <tr> <th>Number</th> <th>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>Floor Drain</td> </tr> <tr> <td><input type="checkbox"/></td> <td>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> </tbody> </table>	Number	Type of Fixture	<input type="checkbox"/>	Hosebib / Sillcock	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<p>Column 1</p> <table border="1"> <thead> <tr> <th>Number</th> <th>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>Shower (separate)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Wash Basin</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Water Closet (Toilet)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Clothes Washer</td> </tr> </tbody> </table>	Number	Type of Fixture	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	Shower (separate)	<input type="checkbox"/>	Sink	<input type="checkbox"/>	Wash Basin	<input checked="" type="checkbox"/>	Water Closet (Toilet)	<input type="checkbox"/>	Clothes Washer
Number	Type of Fixture																													
<input type="checkbox"/>	Hosebib / Sillcock																													
<input type="checkbox"/>	Floor Drain																													
<input type="checkbox"/>	Urinal																													
<input type="checkbox"/>	Drinking Fountain																													
<input type="checkbox"/>	Indirect Waste																													
<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.																													
Number	Type of Fixture																													
<input type="checkbox"/>	Bathtub (and Shower)																													
<input type="checkbox"/>	Shower (separate)																													
<input type="checkbox"/>	Sink																													
<input type="checkbox"/>	Wash Basin																													
<input checked="" type="checkbox"/>	Water Closet (Toilet)																													
<input type="checkbox"/>	Clothes Washer																													

RECEIVED
APR 29 2013
Dept. of Building Inspections
City of Portland Maine