



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	20 Ballpark Dr
CBL:	
PROPERTY OWNER(S) NAME	
NAME:	Rick Holden
Applicant Name:	Charles Bradbury
Mailing Address of Owner/Applicant (if Different)	PO Box 670 Raymond ME 04071
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 7/17/12

Town/City	PORTLAND	Permit #	201246056
Date Permit Issued	7/17/12	Fee: \$	180
Local Plumbing Inspector Signature		L.P.I. # 360	
# 11934			
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)	
		Date Approved (Rough-in)	

be installed until a Permit is shall authorize the owner or with this application and the local Rules.

## 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>Plumbing to be Installed by:</p> <p>NAME: Charles Bradbury</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 # MS 910008434</p>
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**RECEIVED**  
JUL 17 2012  
Dept. of Building Inspections  
City of Portland Maine

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

	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 checked="" type="checkbox"/> 3	Hosebib / Sillcock	<input type="checkbox"/> 1	Bathtub (and Shower)
	<input type="checkbox"/>	Floor Drain	<input checked="" type="checkbox"/> 2	Shower (separate)
	<input type="checkbox"/>	Urinal	<input checked="" type="checkbox"/> 1	Sink
	<input type="checkbox"/>	Drinking Fountain	<input checked="" type="checkbox"/> 4	Wash Basin
	<input checked="" type="checkbox"/> 1	Indirect Waste	<input checked="" type="checkbox"/> 3	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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<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 checked="" type="checkbox"/> 4	<b>Fixtures (Subtotal) Column 2</b>	<input checked="" type="checkbox"/> 3	<b>Fixtures (Subtotal) Column 1</b>
			<input checked="" type="checkbox"/> 7	<b>TOTAL FIXTURES</b>
<input type="checkbox"/> TRANSFER FEE (\$10.00)	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge		<input type="checkbox"/>	Fixture Fee
			<input type="checkbox"/>	Transfer Fee
			<input type="checkbox"/>	Hook-Up & Relocation Fee
<b>Please call 874-8703 with your permit # to schedule inspections!</b>			180.00	<b>PERMIT FEE (TOTAL)</b>