



PLUMBING PERMIT APPLICATION

| PROPERTY ADDRESS | |
|---|--|
| Street: | 10 Porch Street |
| CBL: | 376 A028 |
| PROPERTY OWNER(S) NAME | |
| OWNER NAME: | Kathi O'Grady |
| Applicant Name: | James Flanders |
| Mailing Address of Owner/Applicant (if Different) | 148 Sabbathday Rd New Gloucester ME 04260 |
| E Mail: | JFlanders@DMFHVAC.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. | |
| Signature of Owner/Applicant | Date: 2/2/15 |

| | | | |
|------------------------------------|----------|------------------------|-----------|
| Town/City | PORTLAND | Permit # | 201500141 |
| Date Permit Issued | 2/2/15 | Fee: \$ | 50 |
| | | Double Fee Charged [] | |
| 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><i>RECEIVED FEB 11 2015 Dept. of Building Inspections 1111 G. F. Johnson Bldg</i></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>Please call 874-8703 with your permit # to schedule inspections!</p> | <p>Plumbing to be Installed by:</p> <p>NAME: <u>James Flanders</u></p> <p>1 <input 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 # <u>PMT 9982</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--------|-----------------------------|--------|-----------------------------|--------------------------|--------------------|--------------------------|----------------------|--------------------------|-------------|--------------------------|-------------------|--------------------------|--------|--------------------------|------|--------------------------|-------------------|--------------------------|------------|--------------------------|----------------|--------------------------|-----------------------|--------------------------|--|--------------------------|----------------|--------------------------|------------------------|--------------------------|-------------|--------------------------|------------|--------------------------|------------------|--------------------------|-------|--------------------------|-------------|--------------------------|--------------|-------------------------------------|--------------|-------------------------------------|--|-------------------------------------|--|--|--|-----------------------|--|--|--|--------------------------|-------------|--|--|--------------------------|--------------|--|--|
| | | | <p>Hook-Up & Piping Relocation Maximum of 1 Hook-Up</p> <p><input 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 wastewater disposal system</p> <p><input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p>OR</p> <p><input type="checkbox"/> TRANSFER FEE \$[10.00]</p> | <table border="1"> <thead> <tr> <th>Number</th> <th>Column 2 Type of Fixture</th> <th>Number</th> <th>Column 1 Type of Fixture</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Hosebib / Sillcock</td> <td><input type="checkbox"/></td> <td>Bathtub (and Shower)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Floor Drain</td> <td><input type="checkbox"/></td> <td>Shower (separate)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urinal</td> <td><input type="checkbox"/></td> <td>Sink</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Drinking Fountain</td> <td><input type="checkbox"/></td> <td>Wash Basin</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Indirect Waste</td> <td><input type="checkbox"/></td> <td>Water Closet (Toilet)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Water Treatment Softener, Filter, Etc.</td> <td><input type="checkbox"/></td> <td>Clothes Washer</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Grease / Oil Separator</td> <td><input type="checkbox"/></td> <td>Dish Washer</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Roof Drain</td> <td><input type="checkbox"/></td> <td>Garbage Disposal</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Bidet</td> <td><input type="checkbox"/></td> <td>Laundry Tub</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other: _____</td> <td><input checked="" type="checkbox"/></td> <td>Water Heater</td> </tr> <tr> <td colspan="2">Fixtures (Subtotal) Column 2</td> <td colspan="2">Fixtures (Subtotal) Column 1</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">TOTAL FIXTURES</td> </tr> <tr> <td colspan="2">Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge</td> <td><input type="checkbox"/></td> <td>Fixture Fee</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/></td> <td>Transfer Fee</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/></td> <td>Hook-Up & Relocation Fee</td> </tr> </tbody> </table> | Number | Column 2 Type of Fixture | Number | Column 1 Type of Fixture | <input type="checkbox"/> | Hosebib / Sillcock | <input type="checkbox"/> | Bathtub (and Shower) | <input type="checkbox"/> | Floor Drain | <input type="checkbox"/> | Shower (separate) | <input type="checkbox"/> | Urinal | <input type="checkbox"/> | Sink | <input type="checkbox"/> | Drinking Fountain | <input type="checkbox"/> | Wash Basin | <input type="checkbox"/> | Indirect Waste | <input type="checkbox"/> | Water Closet (Toilet) | <input type="checkbox"/> | Water Treatment Softener, Filter, Etc. | <input type="checkbox"/> | Clothes Washer | <input type="checkbox"/> | Grease / Oil Separator | <input type="checkbox"/> | Dish Washer | <input type="checkbox"/> | Roof Drain | <input type="checkbox"/> | Garbage Disposal | <input type="checkbox"/> | Bidet | <input type="checkbox"/> | Laundry Tub | <input type="checkbox"/> | Other: _____ | <input checked="" type="checkbox"/> | Water Heater | Fixtures (Subtotal) Column 2 | | Fixtures (Subtotal) Column 1 | | | | TOTAL FIXTURES | | Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge | | <input type="checkbox"/> | Fixture Fee | | | <input type="checkbox"/> | Transfer Fee | | |
| Number | Column 2 Type of Fixture | Number | Column 1 Type of Fixture | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Hosebib / Sillcock | <input type="checkbox"/> | Bathtub (and Shower) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Floor Drain | <input type="checkbox"/> | Shower (separate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Urinal | <input type="checkbox"/> | Sink | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Drinking Fountain | <input type="checkbox"/> | Wash Basin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Indirect Waste | <input type="checkbox"/> | Water Closet (Toilet) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Water Treatment Softener, Filter, Etc. | <input type="checkbox"/> | Clothes Washer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Grease / Oil Separator | <input type="checkbox"/> | Dish Washer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Roof Drain | <input type="checkbox"/> | Garbage Disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Bidet | <input type="checkbox"/> | Laundry Tub | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Other: _____ | <input checked="" type="checkbox"/> | Water Heater | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fixtures (Subtotal) Column 2 | | Fixtures (Subtotal) Column 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | TOTAL FIXTURES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |