



# PLUMBING PERMIT APPLICATION

**PROPERTY ADDRESS**

Street: 44 Alice St

CBL: 387 E007

**PROPERTY OWNER(S) NAME**

OWNER NAME: John Flawitz

Applicant Name: John Scott

Mailing Address of Owner/Applicant (if Different) 24 Chestnut Dr

E Mail: John Scott P-H@maine.org

**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.

John Scott 12/15/2015  
Signature of Owner/Applicant Date

Town/City PORTLAND Permit # 2015 03003

Date Permit Issued 12/15/15 Fee: \$ 50 Double Fee Charged [ ]

[Signature] L.P.I. # 360  
Local Plumbing Inspector Signature

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><b>This Application is for</b></p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p> <p><b>RECEIVED</b> <b>DEC 15 2015</b> Dept. of Building Inspections City of Portland Maine</p>	<p><b>Type of Structure to be Served</b></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 type="checkbox"/> OTHER-SPECIFY _____</p> <p><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>	<p><b>Plumbing to be Installed by:</b></p> <p><b>NAME:</b> <u>John Scott</u></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 #   <u>MS 17652</u>  </p>
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	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"/>	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"/> 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 type="checkbox"/>	<b>Fixtures (Subtotal) Column 2</b>	<input type="checkbox"/>	<b>Fixtures (Subtotal) Column 1</b>
<b>OR</b>			<input type="checkbox"/>	<b>TOTAL FIXTURES</b>
<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture		<input type="checkbox"/>	Fixture Fee
			<input type="checkbox"/>	Transfer Fee
			<input type="checkbox"/>	Hook-Up & Relocation Fee

**Please call 874-8703 with your permit # to schedule inspections!** 50 PERMIT FEE (TOTAL)