



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	8 Basket Lane
CBL:	
PROPERTY OWNER(S) NAME	
OWNER NAME:	Derek Cressey
Applicant Name:	09/09/2015
Mailing Address of Owner/Applicant (if Different)	09/09/2015
E Mail:	cresseyplumbing@gmail.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
<i>Derek Cressey</i>	

Town/City **PORTLAND** Permit # \_\_\_\_\_  
 Date Permit Issued \_\_\_ / \_\_\_ / \_\_\_ Fee: \$ \_\_\_\_\_ 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

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure to be Served</b> 1. <input checked="" 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 _____  <div style="background-color: #90EE90; padding: 5px; text-align: center;"> <b>Please call 874-8703 with your permit # to schedule inspections!</b> </div>	<b>Plumbing to be Installed by:</b> <b>NAME:</b> <u>Derek Cressey</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>MS90014782</u>
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 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"/> 2 Hosebib / Sillcock <input type="checkbox"/> Floor Drain <input type="checkbox"/> Urinal <input type="checkbox"/> Drinking Fountain <input checked="" type="checkbox"/> 1 Indirect Waste <input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input checked="" type="checkbox"/> 2 Bathtub (and Shower) <input type="checkbox"/> Shower (separate) <input checked="" type="checkbox"/> 1 Sink <input checked="" type="checkbox"/> 4 Wash Basin <input checked="" type="checkbox"/> 3 Water Closet (Toilet) <input checked="" type="checkbox"/> 1 Clothes Washer
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Grease / Oil Separator <input type="checkbox"/> Roof Drain	<input checked="" type="checkbox"/> 1 Dish Washer <input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Bidet <input type="checkbox"/> Other: _____	<input type="checkbox"/> Laundry Tub <input type="checkbox"/> Water Heater
<b>OR</b>	<b>Fixtures (Subtotal) Column 2</b>	<b>Fixtures (Subtotal) Column 1</b>
<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees: \$10 Surcharge + First 4 fixtures = <b>\$50 Minimum</b> Over 4 = \$10 Surcharge + \$10/fixture	<input checked="" type="checkbox"/> <b>12</b> <b>TOTAL FIXTURES</b> <input type="checkbox"/> Fixture Fee <input checked="" type="checkbox"/> Transfer Fee
		<input type="checkbox"/> Hook-Up & Relocation Fee
<b>Please call 874-8703 with your permit # to schedule inspections!</b>		<input type="checkbox"/> <b>130 -</b> <b>PERMIT FEE (TOTAL)</b>