



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	7 Tampa Street
CBL:	399 A020001
PROPERTY OWNER(S) NAME	
OWNER NAME:	Chris Sawyer
Applicant Name:	Craig Aube
Mailing Address of Owner/Applicant (if Different)	
E Mail:	craigaube@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.	
	11/28/2016
Signature of Owner/Applicant	Date

Town/City	PORTLAND	Permit #	2016-08124
Date Permit Issued	11/28/16	Fee: \$	Double Fee Charged <input type="checkbox"/>
		L.P.I. #	1081
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 11/28/16

Date Approved (Final)

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served 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 _____ Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: Craig Aube 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>ms90008878</u>																																																		
Hook-Up & Piping Relocation Maximum of 1 Hook-Up <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"/> HOOK-UP: to an existing subsurface wastewater disposal system <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 2 Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Hosebib / Silcock</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> <tr><td><input type="checkbox"/></td><td>Grease / Oil Separator</td></tr> <tr><td><input type="checkbox"/></td><td>Roof Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Bidet</td></tr> <tr><td><input type="checkbox"/></td><td>Other: _____</td></tr> <tr><td>0 0 </td><td>Fixtures (Subtotal) Column 2</td></tr> </tbody> </table>	Number	Column 2 Type of Fixture	<input type="checkbox"/>	Hosebib / Silcock	<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.	<input type="checkbox"/>	Grease / Oil Separator	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Other: _____	0 0 	Fixtures (Subtotal) Column 2	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 1 Type of Fixture</th> </tr> </thead> <tbody> <tr><td>0 1 </td><td>Bathtub (and Shower)</td></tr> <tr><td><input type="checkbox"/></td><td>Shower (separate)</td></tr> <tr><td>0 1 </td><td>Sink</td></tr> <tr><td><input type="checkbox"/></td><td>Wash Basin</td></tr> <tr><td>0 1 </td><td>Water Closet (Toilet)</td></tr> <tr><td><input type="checkbox"/></td><td>Clothes Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Dish Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Garbage Disposal</td></tr> <tr><td><input type="checkbox"/></td><td>Laundry Tub</td></tr> <tr><td><input type="checkbox"/></td><td>Water Heater</td></tr> <tr><td>0 3 </td><td>Fixtures (Subtotal) Column 1</td></tr> <tr><td>0 3 </td><td>TOTAL FIXTURES</td></tr> </tbody> </table>	Number	Column 1 Type of Fixture	0 1 	Bathtub (and Shower)	<input type="checkbox"/>	Shower (separate)	0 1 	Sink	<input type="checkbox"/>	Wash Basin	0 1 	Water Closet (Toilet)	<input type="checkbox"/>	Clothes Washer	<input type="checkbox"/>	Dish Washer	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Laundry Tub	<input type="checkbox"/>	Water Heater	0 3 	Fixtures (Subtotal) Column 1	0 3 	TOTAL FIXTURES
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