



15 NORTH PORT DR.

PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 1321 WASHINGTON AVE

CBL:

Town/City PORTLAND Permit # 201246639

Date Permit Issued 8/2/12 Fee: \$ 50 Double Fee Charged ()

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

PROPERTY OWNER(S) NAME

NAME: MAINE ORTHODONTICS.

Applicant Name: SCOTT NASON

Mailing Address of Owner/Applicant (if Different) P.O. Box 3374
PORTLAND, ME. 04104

The Info issued by Installer **# 11953** until a Permit is filed with the owner or applicant and the

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] Date 8/1/12
Signature of Owner/Applicant

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.

Date Approved (Rough-in) _____
LPI Signature _____ Date Approved (Final) _____

PERMIT INFORMATION

This Application is for
1. NEW PLUMBING
2. RELOCATED PLUMBING

RECEIVED
AUG 02 2012
Dept. of Building Inspections
City of Portland Maine

Type of Structure to be Served
1. SINGLE FAMILY RESIDENCE
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER-SPECIFY DENTIST OFFICE

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

Plumbing to be Installed by:
NAME: SCOTT NASON

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D HOUSING DEALER / MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE # 8168

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	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 / Silcock	<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"/> HOOK-UP: to an existing subsurface wastewater disposal system	<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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/>	Fixtures (Subtotal) Column 2	<input type="checkbox"/>	Fixtures (Subtotal) Column 1
	<input type="checkbox"/>		<input type="checkbox"/>	TOTAL FIXTURES
<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
Please call: 874-8703 with your permit # to schedule inspections!			<u>50.00</u>	PERMIT FEE (TOTAL)