



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS		
Street:	1325 WASHINGTON AVE	
CBL:	401 A 41	
PROPERTY OWNER(S) NAME		
NAME:	CUMB. COUNTY F.C.U.	
Applicant Name:	SOUTHERN ME. PUB & HTG. INC	
Mailing Address of Owner/Applicant (if Different)	160 PRESUMPSCOT ST PORTLAND, ME 04103	
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 12/10/13	
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.		
Local Plumbing Inspector Signature		
Date Permit Issued 12/10/13 Fee: \$ 40 Double Fee Charged []		
L.P.I. # 360		
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. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served 1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER-SPECIFY <u>COMM</u> Please call 874-8703 with your permit # to schedule inspections!	
Plumbing to be Installed by: NAME: <u>LEONARD R. DRAPEAU</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>ME 02288</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 type="checkbox"/> Hosebib / Sillcock <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"/> Bathtub (and Shower) <input type="checkbox"/> Shower (separate) <input type="checkbox"/> Sink <input checked="" type="checkbox"/> Wash Basin <input checked="" type="checkbox"/> Water Closet (Toilet) <input type="checkbox"/> 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 type="checkbox"/> Bidet <input type="checkbox"/> Other: _____ <input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Dish Washer <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Laundry Tub <input type="checkbox"/> Water Heater <input checked="" type="checkbox"/> Fixtures (Subtotal) Column 1
OR		<input checked="" 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!		PERMIT FEE (TOTAL)