



# 11261

# PLUMBING PERMIT APPLICATION

**PROPERTY ADDRESS**

Street: 64 Gertrude St.

CBL: 402 DOOY

**PROPERTY OWNER(S) NAME**

NAME: Maclat LLC

Applicant Name: Robert S Dorr

Mailing Address of Owner/Applicant (if Different): 17 Milliken Rd. Scarborough, Me 04107-21

**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.

Robert S Dorr  
Signature of Owner/Applicant Date 4-3-13

Town/City PORTLAND Permit # 2013 00645

Date Permit Issued: 4-3-13 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.

Date Approved (Rough-in)

LPI Signature

Date Approved (Final)

## PERMIT INFORMATION

| This Application is for<br>1. <input checked="" type="checkbox"/> NEW PLUMBING<br>2. <input type="checkbox"/> RELOCATED PLUMBING<br><br><b>RECEIVED</b><br><b>APR 03 2013</b><br>Dept. of Building Inspections<br>City of Portland Maine  | Type of Structure to be Served<br>1. <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE<br>2. <input type="checkbox"/> MODULAR OR MOBILE HOME<br>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING<br>4. <input type="checkbox"/> OTHER-SPECIFY _____<br><br><b>Please call 874-8703 with your permit # to schedule inspections!</b>  | Plumbing to be Installed by:<br>NAME: <u>Robert Dorr</u><br>1. <input checked="" type="checkbox"/> MASTER PLUMBER<br>2. <input type="checkbox"/> OIL BURNERMAN<br>3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC<br>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE<br>5. <input type="checkbox"/> PROPERTY OWNER<br>LICENSE # <u>08566</u> |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |
|---|---|--|----------|--------|-----------------|--------------------------|--------------------|--------------------------|-------------|--------------------------|--------|--------------------------|-------------------|--------------------------|----------------|--------------------------|--|--------------------------|------------------------|--------------------------|------------|--------------------------|-------|--------------------------|--------------|-------------------------------------|--|---|----------|----------|--------|-----------------|--------------------------|----------------------|-------------------------------------|-------------------|--------------------------|------|-------------------------------------|------------|-------------------------------------|-----------------------|--------------------------|----------------|--------------------------|-------------|--------------------------|------------------|--------------------------|-------------|--------------------------|--------------|-------------------------------------|-------------------------------------|-------------------------------------|
|   | <table border="1"> <thead> <tr> <th>Column 2</th> <th>Column 1</th> </tr> <tr> <th>Number</th> <th>Type of Fixture</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Hosebib / Sillcock</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 colspan="2"><b>Fixtures (Subtotal) Column 2</b></td> </tr> </tbody> </table> | Column 2   | Column 1 | Number | Type of Fixture | <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"/> | Grease / Oil Separator | <input type="checkbox"/> | Roof Drain | <input type="checkbox"/> | Bidet | <input type="checkbox"/> | Other: _____ | <b>Fixtures (Subtotal) Column 2</b> |  | <table border="1"> <thead> <tr> <th>Column 1</th> <th>Column 2</th> </tr> <tr> <th>Number</th> <th>Type of Fixture</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Bathtub (and Shower)</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Shower (separate)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sink</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Wash Basin</td> </tr> <tr> <td><input checked="" type="checkbox"/></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><input checked="" type="checkbox"/></td> <td><b>Fixtures (Subtotal) Column 1</b></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><b>TOTAL FIXTURES</b></td> </tr> </tbody> </table> | Column 1 | Column 2 | Number | Type of Fixture | <input type="checkbox"/> | Bathtub (and Shower) | <input checked="" 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"/> | Dish Washer | <input type="checkbox"/> | Garbage Disposal | <input type="checkbox"/> | Laundry Tub | <input type="checkbox"/> | Water Heater | <input checked="" type="checkbox"/> | <b>Fixtures (Subtotal) Column 1</b> | <input checked="" type="checkbox"/> |
| Column 2  | Column 1  |  |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |
| Number  | Type of Fixture   |  |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |
| <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"/>  | Grease / Oil Separator  |  |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |
| <input type="checkbox"/>  | Roof Drain  |  |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |
| <input type="checkbox"/>  | Bidet   |  |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |
| <input type="checkbox"/>  | Other: _____  |  |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |
| <b>Fixtures (Subtotal) Column 2</b>   |   |  |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |
| Column 1  | Column 2  |  |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |
| Number  | Type of Fixture   |  |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |
| <input type="checkbox"/>  | Bathtub (and Shower)  |  |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |
| <input checked="" 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"/>  | Dish Washer   |  |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |
| <input type="checkbox"/>  | Garbage Disposal  |  |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |
| <input type="checkbox"/>  | Laundry Tub   |  |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |
| <input type="checkbox"/>  | Water Heater  |  |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |
| <input checked="" type="checkbox"/>   | <b>Fixtures (Subtotal) Column 1</b>   |  |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |
| <input checked="" type="checkbox"/>   | <b>TOTAL FIXTURES</b>   |  |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |
| Hook-Up & Piping Relocation<br>Maximum of 1 Hook-Up<br><input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.<br><input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system<br><input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.<br>OR<br><input type="checkbox"/> TRANSFER FEE (\$10.00) | Fees by fixture:<br>First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge  | Fixtures Fee<br>Transfer Fee<br>Hook-Up & Relocation Fee<br><b>50</b> PERMIT FEE (TOTAL)   |          |        |                 |                          |                    |                          |             |                          |        |                          |                   |                          |                |                          |  |                          |                        |                          |            |                          |       |                          |              |                                     |  |   |          |          |        |                 |                          |                      |                                     |                   |                          |      |                                     |            |                                     |                       |                          |                |                          |             |                          |                  |                          |             |                          |              |                                     |                                     |                                     |

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