



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	852 Ocean Avenue
CBL:	416A/A01001
PROPERTY OWNER(S) NAME	
NAME:	Patricia M. J. O'Rourke
Applicant Name:	Maria Timberlake, POA
Mailing Address of Owner/Applicant (if Different)	PO Box 30 Freeville, NY 13068
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.	
DocuSigned by:	
Signature of Owner/Applicant	Date
<i>Maria Timberlake, POA for Patricia M. J. O'Rourke</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)	
_____		_____	
Date Approved (Rough-in)		_____	

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