



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 299 PRESUMSCOTT

CBL: 420 A03

PROPERTY OWNER(S) NAME

OWNER NAME: TOPSPIN LLC

Applicant Name: ADRIAN HOLME

Mailing Address of Owner/Applicant (if Different): 185 SNOW RD, DUFHAM MAINE 04222

E Mail: [Signature]

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] 2/4/16

Signature of Owner/Applicant Date

Town/City PORTLAND Permit # 2016 00263

Date Permit Issued: 2/4/16 Fee: \$ 60 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.

LPI Signature Date Approved (Final)

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure to be Served</p> <p>1. <input 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 <u>Commercial</u></p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>ADRIAN HOLME</u></p> <p>1. <input checked="" 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 type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>MS191011451913</u></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>OR</p> <p><input type="checkbox"/> TRANSFER FEE (\$10.00)</p>	<p>Column 2</p> <table border="1"> <thead> <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><input type="checkbox"/></td><td>Fixtures (Subtotal) Column 2</td></tr> </tbody> </table>	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: _____	<input type="checkbox"/>	Fixtures (Subtotal) Column 2	<p>Column 1</p> <table border="1"> <thead> <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 type="checkbox"/></td><td>Shower (separate)</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Sink</td></tr> <tr><td><input type="checkbox"/></td><td>Wash Basin</td></tr> <tr><td><input 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 type="checkbox"/></td><td>Fixtures (Subtotal) Column 1</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>TOTAL FIXTURES</td></tr> <tr><td><input type="checkbox"/></td><td>Fixture Fee</td></tr> <tr><td><input type="checkbox"/></td><td>Transfer Fee</td></tr> <tr><td><input type="checkbox"/></td><td>Hook-Up & Relocation Fee</td></tr> </tbody> </table>	Number	Type of Fixture	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	Shower (separate)	<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	Wash Basin	<input 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 type="checkbox"/>	Fixtures (Subtotal) Column 1	<input checked="" type="checkbox"/>	TOTAL FIXTURES	<input type="checkbox"/>	Fixture Fee	<input type="checkbox"/>	Transfer Fee	<input type="checkbox"/>	Hook-Up & Relocation Fee
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<p>Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture</p>		<p>PERMIT FEE (TOTAL)</p>																																																								

RECEIVED
FEB 04 2016
 Dept. of Building Inspections
 City of Portland Maine

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

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