



PLUMBING PERMIT APPLICATION

| | | | |
|---|--|---|--|
| PROPERTY ADDRESS | | Town/City PORTLAND Permit # _____ | |
| Street: 235 Presumpscot St. | | Date Permit Issued <u> </u> / <u> </u> / <u> </u> Fee: \$ _____ Double Fee Charged <input type="checkbox"/> | |
| PROPERTY OWNER(S) NAME | | L.P.I. # 360 | |
| OWNER NAME: 235PresumpscotSt.Partners L.L.C. | | Local Plumbing Inspector Signature _____ | |
| Applicant Name: Bill Pinard Son Plumbing inc. | | 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. | |
| Mailing Address of Owner/Applicant (if Different) 980 Pond Road Wales Me. 04280 | | Caution: Inspection Required | |
| E Mail: m1bpsinc@gmail.com | | I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application. | |
| Owner/Applicant Statement | | LPI Signature _____ Date Approved (Final) _____ | |
| 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. | | | |
| Mark Pinard 3/2/2016 | | | |
| Signature of Owner/Applicant Date | | | |

| 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 _____ <div style="background-color: #ccc; padding: 5px; text-align: center; font-weight: bold;">Please call 874-8703 with your permit # to schedule inspections!</div> | Plumbing to be Installed by: NAME: <u>Mark Pinard</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>ms90013350</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hook-Up & Piping Relocation Maximum of 1 Hook-Up <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"/> HOOK-UP: to an existing subsurface wastewater disposal system <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Number</th> <th style="width: 85%;">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 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Number</th> <th style="width: 85%;">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 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 type="checkbox"/></td><td>Fixtures (Subtotal) Column 1</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>TOTAL FIXTURES</td></tr> </tbody> </table> | Number | Type of Fixture | <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"/> | 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 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Fees:</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;"><input type="checkbox"/> TRANSFER FEE \$[10.00]</td> <td style="text-align: center;">\$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture</td> </tr> </tbody> </table> | Fees: | | <input type="checkbox"/> TRANSFER FEE \$[10.00] | \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture |
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| <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <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"/> | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please call 874-8703 with your permit # to schedule inspections! | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |