

Tim McGeagle



# PLUMBING PERMIT APPLICATION

## PROPERTY ADDRESS

Street: 124 1/2 Veranda Street

CBL:

## PROPERTY OWNER(S) NAME

NAME: Maine Investment Properties

Applicant Name: Pine State Services, Samuel Marcisso

Mailing Address of Owner/Applicant (if Different) 184 Main Street, Suite 1C South Portland, ME 04106

### 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 [Signature] Date 4-15-15

Town/City PORTLAND Permit # \_\_\_\_\_

Date Permit Issued 4 / 15 / 15 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

- This Application is for
- NEW PLUMBING
  - RELOCATED PLUMBING
  - Unitil Natural Gas Water Heater Replacement

- Type of Structure to be Served
- SINGLE FAMILY RESIDENCE
  - MODULAR OR MOBILE HOME
  - MULTIPLE FAMILY DWELLING
  - OTHER-SPECIFY \_\_\_\_\_

Plumbing to be Installed by:

NAME: Samuel Marcisso

- MASTER PLUMBER
- OIL BURNERMAN
- MFG'D HOUSING DEALER / MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # MS2501

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

	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<input checked="" type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.	<u>2</u>	Hosebib / Silcock	<u>2</u>	Bathtub (and Shower)
		Floor Drain		Shower (separate)
		Urinal	<u>2</u>	Sink
		Drinking Fountain	<u>2</u>	Wash Basin
		Indirect Waste	<u>2</u>	Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system		Water Treatment Softener, Filter, Etc.	<u>2</u>	Clothes Washer
		Grease / Oil Separator	<u>2</u>	Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
	<u>2</u>	<b>Fixtures (Subtotal) Column 2</b>	<u>12</u>	<b>Fixtures (Subtotal) Column 1</b>
<b>OR</b>			<u>14</u>	<b>TOTAL FIXTURES</b>
<input checked="" type="checkbox"/> TRANSFER FEE \$10.00		Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	<u>140</u>	Fixture Fee
			<u>10</u>	Transfer Fee
				Hook-Up & Relocation Fee
<b>Please call 874-8703 with your permit # to schedule inspections!</b>			<u>\$150</u>	<b>PERMIT FEE (TOTAL)</b>