



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS		
Street:	1308 WASHINGTON AVENUE	
CBL:	437 A 55	
PROPERTY OWNER(S) NAME		
OWNER NAME:	CARSON LYNCH	
Applicant Name:	SAME	
Mailing Address of Owner/Applicant (if Different)		
E Mail:	CARSON.LYNCH@GMAIL.COM	
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	Date 11/10/14	
Town/City PORTLAND Permit # _____		
Date Permit Issued ____/____/____ Fee: \$ _____ Double Fee Charged <input type="checkbox"/>		
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) _____		
PERMIT INFORMATION		
This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING REPLACEMENT OF EXISTING FIXTURES (NOTHING ADDED)	Type of Structure to be Served 1. <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____ Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: JOE CERNY Phone: (207) 892-3030 E Mail: _____ 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 # MS2445
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture	Column 1 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.	Hosebib / Sillcock	1 Bathtub (and Shower)
	Floor Drain	Shower (separate)
	Urinal	2 Sink
	Drinking Fountain	Wash Basin
	Indirect Waste	2 Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	Water Treatment Softener, Filter, Etc.	1 Clothes Washer
	Grease / Oil Separator	Dish Washer
	Roof Drain	Garbage Disposal
<input checked="" type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	Bidet	Laundry Tub
	Other: _____	Water Heater
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
OR		TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE \$10.00	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture	Fixture Fee
		Transfer Fee
		Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		\$60.00 PERMIT FEE (TOTAL)