



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 20 Yorkst 14

CBL: 040 F011

PROPERTY OWNER(S) NAME

NAME: Caiazzo Plumbing / Certified

Applicant Name: Steve Caiazzo Plumbing

Mailing Address of Owner/Applicant (if Different): 17 Burnham Rd Scarborough ME 04074

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: 8/9/14

Town/City PORTLAND Permit # 2014 0170

Date Permit Issued 8/9/14 Fee: \$ 60 Double Fee Charged []

Local Plumbing Inspector Signature: [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 (Rough-in): _____ Date Approved (Final): _____

PERMIT INFORMATION

This Application is for

1 NEW PLUMBING

2 RELOCATED PLUMBING

RECEIVED
AUG 06 2014
Dept. of Building Inspections
City of Portland Maine

Type of Structure to be Served

1 SINGLE FAMILY RESIDENCE

2 MODULAR OR MOBILE HOME

3 MULTIPLE FAMILY DWELLING

4 OTHER-SPECIFY Comm.

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

Plumbing to be Installed by:

NAME: Steve Caiazzo

1 MASTER PLUMBER

2 OIL BURNERMAN

3 MFG'D HOUSING DEALER / MECHANIC

4 PUBLIC UTILITY EMPLOYEE

5 PROPERTY OWNER

LICENSE # M 9 7 9 4 4

Hook-Up & Piping Relocation
Maximum of 1 Hook-Up

HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.

HOOK-UP: to an existing subsurface wastewater disposal system

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE [\$10.00]

Number	Column 2 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

Fees by fixture:
First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge

Number	Column 1 Type of Fixture
<input type="checkbox"/>	Bathtub (and Shower)
<input type="checkbox"/>	Shower (separate)
<input checked="" type="checkbox"/>	Sink
<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 type="checkbox"/>	TOTAL FIXTURES
<input type="checkbox"/>	Fixture Fee
<input type="checkbox"/>	Transfer Fee
<input type="checkbox"/>	Hook-Up & Relocation Fee

Please call 874-8703 with your permit # to schedule inspections! PERMIT FEE (TOTAL): _____