



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	217 Vaughan St. Unit 4
CBL:	063 000 004
PROPERTY OWNER(S) NAME	
OWNER NAME:	Charlie Main
Applicant Name:	Levi DiMauro
Mailing Address of Owner/Applicant (if Different)	36 Estes Way Poland, ME 04274
E Mail:	labren777@yahoo.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.	
	11/15/2017
Signature of Owner/Applicant	Date

Town/City	PORTLAND	Permit #	2017-07423
Date Permit Issued	11/16/17	Fee: \$	
		Double Fee Charged []	
		L.P.I. #	1081
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.			
		11/16/17	
LPI Signature		Date Approved (Final)	

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p> <p style="text-align: center;">RECEIVED NOV 16 2017 Dept. of Building Inspections City of Portland, Maine</p>	<p>Type of Structure to be Served</p> <p>1. <input checked="" 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 _____</p> <p style="text-align: center;">Please call 874-8703 with your permit # to schedule inspections!</p>	<p>Plumbing to be Installed by:</p> <p>NAME: <u>Levi DiMauro</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>MS90015151</u></p>
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	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<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"/>	Hosebib / Sillcock	<input type="checkbox"/>	Bathtub (and Shower)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Shower (separate)
	<input type="checkbox"/>	Urinal	<input checked="" type="checkbox"/>	Sink
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Wash Basin
	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Closet (Toilet)
	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Clothes Washer
OR	<input type="checkbox"/>	Grease / Oil Separator	<input type="checkbox"/>	Dish Washer
	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Garbage Disposal
	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Laundry Tub
<input type="checkbox"/> TRANSFER FEE \$[10.00]	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Water Heater
	Fixtures (Subtotal) Column 2		<input checked="" type="checkbox"/>	Fixtures (Subtotal) Column 1
		<input checked="" type="checkbox"/>	TOTAL FIXTURES	
			Fixture Fee	
			Transfer Fee	
			Hook-Up & Relocation Fee	
		\$50.00	PERMIT FEE (TOTAL)	

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