



# PLUMBING PERMIT APPLICATION

**PROPERTY ADDRESS**  
 Street: 40 Kenilworth St  
 CBL: 177 E012

Town/City PORTLAND Permit # 2012 S0571  
 Date Permit Issued 11/27/12 Fee: \$ 50 Double Fee Charged ( )  
 Local Plumbing Inspector Signature \_\_\_\_\_ L.P.I. # 360

**PROPERTY OWNER(S) NAME**  
 NAME: VINCENT DIENNO  
 Applicant Name: VINCENT DIENNO  
 Mailing Address of Owner/Applicant (if Different)

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.

**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 11/27/2012

**Caution: Inspection Required**  
 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.  
 Date Approved (Rough-In) \_\_\_\_\_  
 LPI Signature \_\_\_\_\_ Date Approved (Final) \_\_\_\_\_

**PERMIT INFORMATION**

This Application is for <input checked="" type="checkbox"/> NEW PLUMBING <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served <input checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER-SPECIFY _____	Plumbing to be Installed by: NAME: _____ <input type="checkbox"/> MASTER PLUMBER <input type="checkbox"/> OIL BURNERMAN <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE <input checked="" type="checkbox"/> PROPERTY OWNER LICENSE #
--	---	---

**RECEIVED**  
**NOV 27 2012**  
 Dept. of Building Inspections  
 City of Portland Maine

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

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 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 / Silcock	<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"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<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
	<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"/> Other: _____	<input type="checkbox"/> Water Heater
<b>OR</b>	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input checked="" type="checkbox"/> 2 Fixtures (Subtotal) Column 1
<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	<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!** 50 PERMIT FEE (TOTAL)