



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	47 Pamela
CBL:	
PROPERTY OWNER(S) NAME	
OWNER NAME:	Adam Requin
Applicant Name:	MARK J. NIENRO
Mailing Address of Owner/Applicant (if Different)	1832 FURBER AVE. APT #3 PORTLAND, ME 04103
E Mail:	MNIENROSERVICES@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: 4/3/17
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 checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING RECEIVED APR 03 2017 Dept. of Building Inspections City of Portland Maine	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: MARK J. NIENRO 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 # 1519011512187
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 checked="" type="checkbox"/> 02 Hosebib / Sillcock	<input checked="" type="checkbox"/> 01 Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> 01 Shower (separate)
	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> 01 Sink
	<input type="checkbox"/> Drinking Fountain	<input checked="" type="checkbox"/> 05 Wash Basin
	<input type="checkbox"/> Indirect Waste	<input checked="" type="checkbox"/> 03 Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input checked="" type="checkbox"/> 01 Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input checked="" type="checkbox"/> 01 Dish Washer
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	<input checked="" type="checkbox"/> 02 Fixtures (Subtotal) Column 2	<input checked="" type="checkbox"/> 13 Fixtures (Subtotal) Column 1
OR		<input checked="" type="checkbox"/> TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<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)