

# PLUMBING APPLICATION

053-D-007

Department of Human Services  
Division of Health Engineering

## PROPERTY ADDRESS

Town Or Plantation	Portland
Street Subdivision Lot #	22 Bramhall Street

## PROPERTY OWNERS NAME

Maine Medical Center	
Last:	First:
Applicant Name:	Kelley Mechanical
Mailing Address of Owner/Applicant (If Different)	P.O. Box 1310 Westbrook, ME 04098-1310

Date Permit Issued:	9/24/98	6606	\$	108	<input type="checkbox"/> H Double Fee Charged
Local Plumbing Inspector Signature		L.P.I. #	0129		

## 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 to deny a Permit.

Signature of Owner/Applicant: Kelley Mechanical Date: 09-10-98

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: [Signature] Date Approved: 09/24/98

## PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER — SPECIFY <u>Dishroom</u>	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 # <u>0090009024</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
<b>OR</b> HOOK-UP: to public sewer in 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.		Hosebibb / Sillcock	Bathtub (and Shower)
	23	Floor Drain	Shower (Separate)
		Urinal	2 Sink
		Drinking Fountain	Wash Basin
		Indirect Waste	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	Clothes Washer
		Grease / Oil Separator	2 Dish Washer
		Venta Cospidor	Garbage Disposal
		Other:	Laundry Tub
			Water Heater
<b>OR</b> TRANSFER FEE [\$6.00]	23	Fixtures (Subtotal) Column 2	4 Fixtures (Subtotal) Column 1
			23 Fixtures (Subtotal) Column 2
		27	Total Fixtures
		\$ 108	Fixture Fee
		\$	Transfer Fee
		\$	Hook-Up & Relocation Fee
		\$ 108	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE