

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

2002-8323

## PROPERTY ADDRESS

Town or Plantation	PORTLAND
Street	22 BRAMHALL ST.
Subdivision Lot #	

## PROPERTY OWNERS NAME

MAINE MEDICAL CENTER	
Last:	First:

Applicant Name:	PRECISION TUBS INC.
Mailing Address of Owner/Applicant (If Different)	44 MAPLE AVE ROAD PORTLAND, ME 04239

## 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

Date

Date Permit Issued:	9/17/02	Fee Charged	\$450.00
Local Plumbing Inspector Signature		L.P.I. #	369
033 2007			

## 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

Date Approved

## PERMIT INFORMATION

This Application is for	Type of Structure To Be Served:	Plumbing To Be Installed By:
1. <input 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>HOSPITAL</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>1590008437</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal	3	Sink
		Drinking Fountain	1	Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease / Oil Separator		Dish Washer
		Garbage Disposal		Laundry Tub
OR		Water Heater		
		Fixtures (Subtotal) Column 2	5	Fixtures (Subtotal) Column 1
TRANSFER FEE [\$6.00]			7	Fixtures (Subtotal) Column 2
			47.00	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Page 1 of 1  
HHE-211 Rev. 6/94

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