



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: BRAM HALL # 22 Bramhall

CBL: S3 DOOR

PROPERTY OWNER(S) NAME

NAME: MAINE MEDICAL CENTER

Applicant Name: THAN MECHANICAL INC

Mailing Address of Owner/Applicant (If Different): 282 RIVERSIDE DR, PKWY PORTLAND ME 04103

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: Thomas P. Smith Date: 4-29-14

Town/City: PORTLAND Permit #: 201400895

Date Permit Issued: 4/30/14 Fee: \$40 Double Fee Charged []

Local Plumbing Inspector Signature: [Signature] L.P.I. # 360

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.

Date Approved (Rough-in)

LPI Signature

Date Approved (Final)

PERMIT INFORMATION

This Application is for

1. NEW PLUMBING

2. RELOCATED PLUMBING

RECEIVED
APR 30 2014
Dept. of Building Inspections
City of Portland Maine

Type of Structure to be Served

1. SINGLE FAMILY RESIDENCE

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER-SPECIFY Hospital

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

Plumbing to be installed by:

NAME: Thomas P. Smith

1. MASTER PLUMBER

2. OIL BURNERMAN

3. MFG'D HOUSING DEALER / MECHANIC

4. PUBLIC UTILITY EMPLOYEE

5. PROPERTY OWNER

LICENSE # MS 2360

Hook-Up & Piping Relocation
Maximum of 1 Hook-Up

HOOK-UP: to public sewer by 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.

OR

TRANSFER FEE \$[10.00]

Number	Column 2 Type of Fixture
<input type="checkbox"/>	Hosebib / Silcock
<input type="checkbox"/>	Floor Drain
<input type="checkbox"/>	Urinal
<input type="checkbox"/>	Drinking Fountain
<input type="checkbox"/>	Indirect Waste
<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.
<input type="checkbox"/>	Grease / Oil Separator
<input type="checkbox"/>	Roof Drain
<input type="checkbox"/>	Bidet
<input checked="" type="checkbox"/>	Other: <u>EYE WASH</u>
<input checked="" type="checkbox"/>	Fixtures (Subtotal) Column 2

Fees by fixture:
First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge

Number	Column 1 Type of Fixture
<input type="checkbox"/>	Bathtub (and Shower)
<input type="checkbox"/>	Shower (separate)
<input checked="" type="checkbox"/>	Sink
<input checked="" type="checkbox"/>	Wash Basin
<input checked="" type="checkbox"/>	Water Closet (Toilet)
<input type="checkbox"/>	Clothes Washer
<input type="checkbox"/>	Dish Washer
<input type="checkbox"/>	Garbage Disposal
<input type="checkbox"/>	Laundry Tub
<input type="checkbox"/>	Water Heater
<input checked="" type="checkbox"/>	Fixtures (Subtotal) Column 1
<input checked="" 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! 140 PERMIT FEE (TOTAL)