



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	22 Bramhall Street
CBL:	053 2007
PROPERTY OWNER(S) NAME	
OWNER NAME:	Maine Medical Center
Applicant Name:	Warren Mechanical, Inc.
Mailing Address of Owner/Applicant (if Different)	P.O. Box 149, Westbrook, Maine 04098
E Mail:	jbuffum@warrenmech.com
Owner/Applicant Statement	
<p>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.</p> <p><i>[Signature]</i> 9/2/15 Signature of Owner/Applicant Date</p>	

Town/City **PORTLAND** Permit # 2015 02167
 Date Permit Issued 9/4/15 Fee: \$ 430 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.

LPI Signature _____

Date Approved (Final) _____

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure to be Served</p> <p>1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input checked="" type="checkbox"/> OTHER-SPECIFY _____</p> <p>Please call 874-8703 with your permit # to schedule inspections!</p>	<p>Plumbing to be Installed by:</p> <p>NAME: _____</p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>01847</u></p>																																																																
<p>Hook-Up & Piping Relocation Maximum of 1 Hook-Up</p> <p><input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.</p> <p><input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system</p> <p><input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p>OR</p> <p><input type="checkbox"/> TRANSFER FEE [\$10.00]</p>	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 2 Type of Fixture</th> <th>Number</th> <th>Column 1 Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Hosebib / Sillcock</td><td><input type="checkbox"/></td><td>Bathtub (and Shower)</td></tr> <tr><td><input type="checkbox"/></td><td>Floor Drain</td><td><input type="checkbox"/></td><td>Shower (separate)</td></tr> <tr><td><input type="checkbox"/></td><td>Urinal</td><td><u>32</u></td><td>Sink</td></tr> <tr><td><input type="checkbox"/></td><td>Drinking Fountain</td><td><u>1</u></td><td>Wash Basin</td></tr> <tr><td><input type="checkbox"/></td><td>Indirect Waste</td><td><u>9</u></td><td>Water Closet (Toilet)</td></tr> <tr><td><input type="checkbox"/></td><td>Water Treatment Softener, Filter, Etc.</td><td><input type="checkbox"/></td><td>Clothes Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Grease / Oil Separator</td><td><input type="checkbox"/></td><td>Dish Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Roof Drain</td><td><input type="checkbox"/></td><td>Garbage Disposal</td></tr> <tr><td><input type="checkbox"/></td><td>Bidet</td><td><input type="checkbox"/></td><td>Laundry Tub</td></tr> <tr><td><input type="checkbox"/></td><td>Other: _____</td><td><input type="checkbox"/></td><td>Water Heater</td></tr> <tr> <td colspan="2">Fixtures (Subtotal) Column 2</td> <td>42</td> <td>Fixtures (Subtotal) Column 1</td> </tr> <tr> <td colspan="2"></td> <td>42</td> <td>TOTAL FIXTURES</td> </tr> <tr> <td colspan="2">Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture</td> <td><u>420</u></td> <td>Fixture Fee</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/></td> <td>Transfer Fee</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/></td> <td>Hook-Up & Relocation Fee</td> </tr> </tbody> </table>	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture	<input type="checkbox"/>	Hosebib / Sillcock	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Shower (separate)	<input type="checkbox"/>	Urinal	<u>32</u>	Sink	<input type="checkbox"/>	Drinking Fountain	<u>1</u>	Wash Basin	<input type="checkbox"/>	Indirect Waste	<u>9</u>	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	Fixtures (Subtotal) Column 2		42	Fixtures (Subtotal) Column 1			42	TOTAL FIXTURES	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture		<u>420</u>	Fixture Fee			<input type="checkbox"/>	Transfer Fee			<input type="checkbox"/>	Hook-Up & Relocation Fee	<p>Please call 874-8703 with your permit # to schedule inspections!</p> <p>430 PERMIT FEE (TOTAL)</p>
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CITY OF PORTLAND
DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
389 Congress Street
Portland, Maine 04101

PLUMBING PERMIT RECEIPT

Application No: 2015-02167	Applicant: MAINE MEDICAL CENTER
Project Desc: Plumbing for MMC	Location: 22 BRAMHALL ST
CBL: 053 D007001	Plumber: Warren Mechanical
Invoice Date: 09/04/2015	License #: MS1847

Previous Balance		Payment Received		Current Fees		Current Payment		Total Due	Payment Due Date
\$0.00	-	\$0.00	+	\$430.00	-	\$430.00	=	\$0.00	On Receipt

Previous Balance **\$0.00**

Fee Description	Qty	Fee
Plumbing Permit Fee	1	\$420.00
Surcharge	1	\$10.00
Water Closet (Toilet)	9	\$90.00
Wash Basin	1	\$10.00
Sink	32	\$320.00
		\$430.00

Total Current Payments: - **\$430.00**

Minimum Amount Due Now: **\$0.00**

CBL: 053 D007001 **Application No:** 2015-02167
Bill to: MAINE MEDICAL CENTER
22 BRAMHALL ST
PORTLAND, ME 04102

Invoice Date: 09/04/2015
Invoice No: 50714
Total Amt Due: \$0.00
Payment Amount: \$430.00

Make checks payable to the *City of Portland*, ATTN: Inspections, 3rd Floor, 389 Congress Street, Portland, ME 04101.