

2015 01621



Pharmacy Ceresol Amaktron (Longford + Low)

PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS
 Street: 22 Bramhall
 CBL: 253 0007

PROPERTY OWNER(S) NAME
 OWNER NAME: MAINE MEDICAL CTR.

Applicant Name:
 Mailing Address of Owner/Applicant (if Different):
 E Mail: TITAN MECHANICAL

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: *[Signature]* Date: 10-13-15

Town/City PORTLAND Permit # 201502541
 Date Permit Issued 10/16/15 Fee: \$ 50 Double Fee Charged []
 Local Plumbing Inspector 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

This Application is for
 1 NEW PLUMBING
 2 RELOCATED PLUMBING

Type of Structure to be Served
 1 SINGLE FAMILY RESIDENCE
 2 MODULAR OR MOBILE HOME
 3 MULTIPLE FAMILY DWELLING
 4 OTHER-SPECIFY _____

Plumbing to be Installed by:
 NAME: ROBERT LETELLIER
 1 MASTER PLUMBER
 2 OIL BURNERMAN
 3 MFG'D HOUSING DEALER / MECHANIC
 4 PUBLIC UTILITY EMPLOYEE
 5 PROPERTY OWNER
 LICENSE # | M57902666

RECEIVED
 OCT 16 2015
 Dept. of Building Inspections
 City of Portland Maine

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

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 type="checkbox"/> Hosebib / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> 3 Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> 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
	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Fixtures (Subtotal) Column 1
OR		<input checked="" type="checkbox"/> TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE \$10.00	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	<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!		50 PERMIT FEE (TOTAL)