



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 22 Bramhall St.

CBL: 053 D007 001

PROPERTY OWNER(S) NAME

OWNER NAME: Maine Medical Ctr. 1st floor

Applicant Name: Johnson and Jordan Mecha

Mailing Address of Owner/Applicant (if Different) 765 Congress St
Portland Me

E Mail: bhannigan@johnsonandjorc

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.

Robert F. Hannigan Jr. Digitally signed by Robert F. Hannigan Jr. DN: cn=Robert F. Hannigan Jr., o=00, email=bhannigan@johnsonandjordan.com, c=US 7 8 16
Date: 2016.07.08 11:55:14 -0400

Signature of Owner/Applicant _____ Date _____

Town/City PORTLAND Permit # 2016-01853

Date Permit Issued 7/14/16 Fee: \$ 50 Double Fee Charged

Local Plumbing Inspector Signature _____ L.P.I. # 1081

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

RECEIVED
JUL 14 2016
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 _____

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

Plumbing to be Installed by:

NAME: Bob Hannigan

1. MASTER PLUMBER

2. OIL BURNERMAN

3. MFG'D HOUSING DEALER / MECHANIC

4. PUBLIC UTILITY EMPLOYEE

5. PROPERTY OWNER

LICENSE # ms70007016

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"/> 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
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
		1 TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE \$10.00	Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture	<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! 60.00 50 PERMIT FEE (TOTAL)