## **CITY OF PORTLAND**

## **DEPARTMENT OF PLANNING & URBAN DEVELOPMENT**

389 Congress Street Portland, Maine 04101

## PLUMBING PERMIT RECEIPT

**Application No:** 2016-08030 **Applicant:** MAINE MEDICAL CENTER

Project Desc: Location: 22 BRAMHALL ST

CBL: 053 D007001 Plumber: HANNIGAN, ROBERT F., JR

**Previous Current Payment Current Total Payment Balance** Received Fees **Payment Due Date** Due \$0.00 \$0.00 \$0.00 \$240.00 \$240.00 On Receipt

Previous Balance \$0.00

Fee Description	Qty		Fee
Plumbing Permit Fee	1		\$230.00
Surcharge	1		\$10.00
Water Closet (Toilet)	5	\$50.00	
Wash Basin	6	\$60.00	
Sink	10	\$100.00	
Indirect Waste	1	\$10.00	
Floor Drain	1	\$10.00	
			\$240.00

Total Current Payments: \$0.00

Minimum Amount Due Now: \$240.00

**CBL:** 053 D007001 **Application No:** 2016-08030 **Invoice Date:** 10/03/2016

Bill to: MAINE MEDICAL CENTER Invoice No: 60219

22 BRAMHALL ST Total Amt Due: \$240.00

PORTLAND, ME 04102 Payment Amount: