



# PLUMBING PERMIT APPLICATION

**PROPERTY ADDRESS**  
 Street: 870 Congress st. 868 Congress  
 CBL: 093E013 001

**PROPERTY OWNER(S) NAME**  
 OWNER NAME: Maine Medical Center  
 Applicant Name: Johnson and Jordan Mechal  
 Mailing Address of 931 Congress street  
 Owner/Applicant Portland Maine 04192  
 (if Different)  
 E Mail: bhannigan@johnsonandjord

**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 3/16/18  
 Signature of Owner/Applicant Date

Town/City PORTLAND Permit # 2018-07106  
 Date Permit Issued 3/16/18 Fee: \$ 110.00 Double Fee Charged   
 L.P.I. # 1081  
 Local Plumbing Inspector Signature \_\_\_\_\_

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.  
 \_\_\_\_\_ 3-16-2018  
 LPI Signature Date Approved (Final)

## PERMIT INFORMATION

<p><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING          2. <input type="checkbox"/> RELOCATED PLUMBING</p> <p style="text-align: center;"><b>RECEIVED</b>  <b>MAR 16 2018</b>  Permitting &amp; Inspections City of Portland Maine</p>	<p><b>Type of Structure to be Served</b></p> <p>1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE          2. <input type="checkbox"/> MODULAR OR MOBILE HOME          3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING          4. <input checked="" type="checkbox"/> OTHER-SPECIFY _____</p> <p style="text-align: center;"><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>	<p><b>Plumbing to be Installed by:</b></p> <p><b>NAME:</b> <u>Robert F Hannigan</u></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER          2. <input type="checkbox"/> OIL BURNERMAN          3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC          4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE          5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>MS70007016</u></p>
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	Column 2		Column 1	
	Number	Type of Fixture	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	<u>3</u>	Floor Drain	<input type="checkbox"/>	Shower (separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<u>1</u>	Urinal	<u>1</u>	Sink
	<input type="checkbox"/>	Drinking Fountain	<u>2</u>	Wash Basin
	<input type="checkbox"/>	Indirect Waste	<u>2</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: _____	<u>1</u>	Water Heater
	<b>Fixtures (Subtotal) Column 2</b>		<b>Fixtures (Subtotal) Column 1</b>	
<b>OR</b>			<u>10</u>	<b>TOTAL FIXTURES</b>
<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
<b>Please call 874-8703 with your permit # to schedule inspections!</b>			<b>\$140.00</b>	<b>PERMIT FEE (TOTAL)</b>