

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering

063-A-003

PROPERTY ADDRESS

Town Or Plantation: PORTLAND
Street Subdivision Lot #: 33 BRAINHALL ST.

PROPERTY OWNERS NAME

MAINE MEDICAL CENTER
Last: _____ First: _____
Applicant Name: DENNIS L. FAIETTA, JR.
Mailing Address of Owner/Applicant (If Different): 15 STECKBRIDGE DR. YARDMOUTH ME 04096

PORTLAND Date Permit Issued: 2, 9, 98 6373 TOWN COPY \$ 8.8 FEE If Double Fee Charged
Local Plumbing Inspector Signature: D. Samuel Hedges I.P.I. # 1, 2, 9

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 to deny a Permit.

Signature of Owner/Applicant: Dennis L. Faietta Date: 2-2-98

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: _____ Date Approved: 3/6/07

PERMIT INFORMATION

This Application is for

- 1. NEW PLUMBING
- 2. RELOCATED PLUMBING

Type Of Structure To Be Served:

- 1. SINGLE FAMILY DWELLING
- 2. MODULAR OR MOBILE HOME
- 3. MULTIPLE FAMILY DWELLING
- 4. OTHER — SPECIFY HOSPITAL

Plumbing To Be Installed By:

- 1. MASTER PLUMBER
- 2. OIL BURNERMAN
- 3. MFG'D. HOUSING DEALER / MECHANIC
- 4. PUBLIC UTILITY EMPLOYEE
- 5. PROPERTY OWNER

LICENSE # 05990

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
OR		Urinal		Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste		Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
OR		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
TRANSFER FEE [\$6.00]	<u>2, 2</u>	Other: <u>1 1/2 S-DW MACHINE W/7/8" W/BACKFLOW</u>		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			<u>2, 2</u>	Fixtures (Subtotal) Column 2
			<u>2, 2</u>	Total Fixtures
			\$ <u>4</u>	Fixture Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$ <u>PP.</u>	Permit Fee (Total)

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering

063-A-003

PROPERTY ADDRESS

Town Or Plantation	Portland
Street Subdivision Lot #	22 Bramhall St.

PROPERTY OWNERS NAME

Maine Medical Center

Last: _____ First: _____

Applicant Name: Kelley Mechanical

Mailing Address of Owner/Applicant (If Different): P.O. Box 1310
Westbrook, ME 04098-1310

PORTLAND
Date Permit Issued: 4.17.98 6457 TOWN COPY \$ 3.21 FEE If Double Fee Charged

Local Plumbing Inspector Signature: _____ L.P.I. # 01.24

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 to deny a Permit.

Signature of Owner/Applicant: *[Signature]* Date: 04-13-98

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: _____ Date Approved: 3/6/07

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type Of Structure To Be Served:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</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 <u>Hospital</u> <u>8th Floor Richards</u> <u>Wing - Cath Lab 2</u></p>	<p>Plumbing To Be Installed By:</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>0090000024</u></p>
--	--	--

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p>		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p>OR</p> <p>TRANSFER FEE [\$6.00]</p>		Urinal	1	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1
			0	Fixtures (Subtotal) Column 2
			1	Total Fixtures
			\$ 12	Fixture Fee
			\$	Transfer Fee
			\$	Hook-Up & Relocation Fee
			\$ 12	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE