

PLUMBING APPLICATION

063-A-003

PROPERTY ADDRESS

Town Or Plantation: _____
Street Subdivision Lot #: _____

PROPERTY OWNERS NAME

MAINE MEDICAL CENTER
Last: _____ First: _____
Applicant Name: LINDA L FAIETTA JR
Mailing Address of Owner/Applicant (If Different): _____

PORTLAND
Date Permit Issued: 2/9/98
6373 TOWN COPY
\$ 8.8 FEE Double Fee Charged
Local Plumbing Inspector Signature: P. Samuel Hoffes
Date: 3/6/07

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: _____ Date: _____

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	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER — SPECIFY _____	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 LICENSE # _____

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. OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		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
OR TRANSFER FEE [\$6.00]	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 2	
			Total Fixtures	
			Fixture Fee	
			Transfer Fee	
		Hook-Up & Relocation Fee		
		Permit Fee (Total)		

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

63-A-003

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 # Double Fee Charged

Local Plumbing Inspector Signature: _____ L.P.I. # 0124

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.

David M. Blackley 04-13-98
Signature of Owner/Applicant Date

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. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type Of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER — SPECIFY <u>Hospital</u> <u>8th Floor Richards</u> <u>Wing - Cath Lab 2</u>	Plumbing To Be Installed By: 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 LICENSE # <u>090009024</u>
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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	1	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]		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