

PLUMBING APPLICATION

PROPERTY ADDRESS

Town Or Plantation	PORTLAND
Street Subdivision Lot #	930 CONGRESS STREET
PROPERTY OWNERS NAME	
MAINE MEDICAL CENTER	
Last:	First:
Applicant Name:	JAMES J KELLEY ASSOC., INC.
Mailing Address of Owner/Applicant (If Different)	P.O. BOX 1310 564-1169 WESTBROOK, ME 04098-1310

PORTLAND 5660 TOWN COPY

Date Permit Issued: 9-3-96

FEE \$ 12 Double Fee Charged

L.P.I. # 0124

Local Plumbing Inspector Signature: [Signature]

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: 02-07-96

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: [Signature]

Date Approved: 9-3-96

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 checked="" 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 checked="" type="checkbox"/> OTHER — SPECIFY <u>MEDICAL FACILITY</u>	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>0990049024</u>

	Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
		Number	Type of Fixture	Number	Type of Fixture
	OR HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. 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
			Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
					Total Fixtures
				\$	Fixture Fee
				\$	Transfer Fee
				\$	Hook-Up & Relocation Fee
				\$	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE