



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	85 Bedford Street Portland
CBL:	114A A001
PROPERTY OWNER(S) NAME	
OWNER NAME:	University Southern Maine
Applicant Name:	Warren Mechanical
Mailing Address of Owner/Applicant (if Different)	39 Warren Ave Westbrook, Me 04098
E Mail:	jyankowsky@warrenmech.c
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.	
	10/14/2015
Signature of Owner/Applicant	Date

Town/City	PORTLAND	Permit #	2015 02560
Date Permit Issued	10/21/15	Fee: \$	50
		Double Fee Charged	<input type="checkbox"/>
Local Plumbing Inspector Signature		L.P.I. # 360	

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.

LPI Signature

Date Approved (Final)

## PERMIT INFORMATION

<p><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type of Structure to be Served</b></p> <p>1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE</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 _____</p> <p><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>Warren Mechanical Inc.</u></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>01847</u></p>																																																										
<p><b>Hook-Up &amp; Piping Relocation</b> Maximum of 1 Hook-Up</p> <p><input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.</p> <p><input checked="" type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system</p> <p><input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p> <p><b>OR</b></p> <p><input type="checkbox"/> TRANSFER FEE \$[10.00]</p>	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 2 Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Hosebib / Sillcock</td></tr> <tr><td><input type="checkbox"/></td><td>Floor Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Urinal</td></tr> <tr><td><input type="checkbox"/></td><td>Drinking Fountain</td></tr> <tr><td><input type="checkbox"/></td><td>Indirect Waste</td></tr> <tr><td><input type="checkbox"/></td><td>Water Treatment Softener, Filter, Etc.</td></tr> <tr><td><input type="checkbox"/></td><td>Grease / Oil Separator</td></tr> <tr><td><input type="checkbox"/></td><td>Roof Drain</td></tr> <tr><td><input type="checkbox"/></td><td>Bidet</td></tr> <tr><td><input type="checkbox"/></td><td>Other: _____</td></tr> <tr> <td><b>4</b></td> <td><b>Fixtures (Subtotal) Column 2</b></td> </tr> </tbody> </table> <p>Fees: \$10 Surcharge + First 4 fixtures = \$50 Minimum Over 4 = \$10 Surcharge + \$10/fixture</p>	Number	Column 2 Type of Fixture	<input type="checkbox"/>	Hosebib / Sillcock	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Urinal	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Grease / Oil Separator	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Other: _____	<b>4</b>	<b>Fixtures (Subtotal) Column 2</b>	<table border="1"> <thead> <tr> <th>Number</th> <th>Column 1 Type of Fixture</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>Bathtub (and Shower)</td></tr> <tr><td><input type="checkbox"/></td><td>Shower (separate)</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Sink</td></tr> <tr><td><input type="checkbox"/></td><td>Wash Basin</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Water Closet (Toilet)</td></tr> <tr><td><input type="checkbox"/></td><td>Clothes Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Dish Washer</td></tr> <tr><td><input type="checkbox"/></td><td>Garbage Disposal</td></tr> <tr><td><input type="checkbox"/></td><td>Laundry Tub</td></tr> <tr><td><input type="checkbox"/></td><td>Water Heater</td></tr> <tr> <td><b>4</b></td> <td><b>Fixtures (Subtotal) Column 1</b></td> </tr> <tr> <td><b>4</b></td> <td><b>TOTAL FIXTURES</b></td> </tr> <tr> <td><b>40</b></td> <td>Fixture Fee</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Transfer Fee</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Hook-Up &amp; Relocation Fee</td> </tr> <tr> <td><b>40</b></td> <td><b>PERMIT FEE (TOTAL)</b></td> </tr> </tbody> </table>	Number	Column 1 Type of Fixture	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>	Shower (separate)	<input checked="" type="checkbox"/>	Sink	<input type="checkbox"/>	Wash Basin	<input checked="" type="checkbox"/>	Water Closet (Toilet)	<input type="checkbox"/>	Clothes Washer	<input type="checkbox"/>	Dish Washer	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>	Laundry Tub	<input type="checkbox"/>	Water Heater	<b>4</b>	<b>Fixtures (Subtotal) Column 1</b>	<b>4</b>	<b>TOTAL FIXTURES</b>	<b>40</b>	Fixture Fee	<input type="checkbox"/>	Transfer Fee	<input type="checkbox"/>	Hook-Up & Relocation Fee	<b>40</b>	<b>PERMIT FEE (TOTAL)</b>
Number	Column 2 Type of Fixture																																																											
<input type="checkbox"/>	Hosebib / Sillcock																																																											
<input type="checkbox"/>	Floor Drain																																																											
<input type="checkbox"/>	Urinal																																																											
<input type="checkbox"/>	Drinking Fountain																																																											
<input type="checkbox"/>	Indirect Waste																																																											
<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.																																																											
<input type="checkbox"/>	Grease / Oil Separator																																																											
<input type="checkbox"/>	Roof Drain																																																											
<input type="checkbox"/>	Bidet																																																											
<input type="checkbox"/>	Other: _____																																																											
<b>4</b>	<b>Fixtures (Subtotal) Column 2</b>																																																											
Number	Column 1 Type of Fixture																																																											
<input type="checkbox"/>	Bathtub (and Shower)																																																											
<input type="checkbox"/>	Shower (separate)																																																											
<input checked="" type="checkbox"/>	Sink																																																											
<input type="checkbox"/>	Wash Basin																																																											
<input checked="" type="checkbox"/>	Water Closet (Toilet)																																																											
<input type="checkbox"/>	Clothes Washer																																																											
<input type="checkbox"/>	Dish Washer																																																											
<input type="checkbox"/>	Garbage Disposal																																																											
<input type="checkbox"/>	Laundry Tub																																																											
<input type="checkbox"/>	Water Heater																																																											
<b>4</b>	<b>Fixtures (Subtotal) Column 1</b>																																																											
<b>4</b>	<b>TOTAL FIXTURES</b>																																																											
<b>40</b>	Fixture Fee																																																											
<input type="checkbox"/>	Transfer Fee																																																											
<input type="checkbox"/>	Hook-Up & Relocation Fee																																																											
<b>40</b>	<b>PERMIT FEE (TOTAL)</b>																																																											

+ 10

**CITY OF PORTLAND**  
**DEPARTMENT OF PLANNING & URBAN DEVELOPMENT**  
 389 Congress Street  
 Portland, Maine 04101

**PLUMBING PERMIT RECEIPT**

<b>Application No:</b> 2015-02560	<b>Applicant:</b> UNIVERSITY OF MAINE
<b>Project Desc:</b> Plumbing for 85 Bedford St	<b>Location:</b> 96 FALMOUTH ST
<b>CBL:</b> 114A A001001	<b>Plumber:</b> Warren Mechanical
<b>Invoice Date:</b> 10/21/2015	<b>License #:</b> MS1847

<b>Previous Balance</b>	-	<b>Payment Received</b>	+	<b>Current Fees</b>	-	<b>Current Payment</b>	=	<b>Total Due</b>	<b>Payment Due Date</b>
\$0.00		\$0.00		\$50.00		\$50.00		\$0.00	On Receipt

**Previous Balance** **\$0.00**

Fee Description	Qty	Fee
Plumbing Permit Fee	1	\$40.00
Surcharge	1	\$10.00
Water Closet (Toilet)	2	\$20.00
Sink	2	\$20.00
		\$50.00

**Total Current Payments:** - **\$50.00**

**Minimum Amount Due Now:** **\$0.00**

**CBL:** 114A A001001    **Application No:** 2015-02560  
**Bill to:** UNIVERSITY OF MAINE  
 107 MAINE AVE  
 BANGOR, ME 04401

**Invoice Date:** 10/21/2015  
**Invoice No:** 51242  
**Total Amt Due:** \$0.00  
**Payment Amount:** \$50.00

Make checks payable to the *City of Portland*, ATTN: Inspections, 3rd Floor, 389 Congress Street, Portland, ME 04101.