

Street: 68 Devonshire Street

CBL: 119 FOOI OCI

PROPERTY ADDRESS

PLUMBING PERMIT APPLICATION

Date Permit Issued 2 / 11/17 Fee: \$ 886.600 Double Fee Charged

Permit # 3-617-67013

OWNER NAME: First Atlantic Healthcare		L.P.I. # 1081 Local Plumbing Inspector Signature			
Applicant Name: Ranor Mechanical		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.			
Mailing Address of Owner/Applicant (if Different) 962 Main Street Jay, ME 04239					
E Mail: pauline@ranormech.com					
Owner/Applicant Statement		Caution: Inspection Required			
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.		I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.			
Pauline M. Boivin		+21-201		3-21-2017	
Signature of Owner/Applicant	Date_ 01/26/17	LPI Signature		Date Approved (Final)	
PERMIT INFORMATION					
This Application is for	Type of Structure to be Served		Plumbing	Plumbing to be Installed by:	
1.⊠NEW PLUMBING	1. □SINGLE FAMILY RESIDENCE		NAME: Aaron St. Pierre		
2. ☐RELOCATED PLUMBING	2. ☐MODULAR OR MOBILE HOME		1. XMASTER PLUMBER		
			2. OIL BURNERMAN		
RECEIVED	3. ☐MULTIPLE FAMILY DWELLING				
	4. ☑OTHER-SPECIFY assisted living ctr		3. MFG'D HOU	SING DEALER / MECHANIC	
FEB 2 1 2017			4. PUBLIC UTIL	4. PUBLIC UTILITY EMPLOYEE	
Permitting & Inspections City of Portland Maine	Please call 874-8703 with your permit # to schedule inspections!		5 D PROPERTY	5. PROPERTY OWNER	
City Os a tracesce receive	pennie to seneduic mopections:		M M	M S 90014273	
Hook-Up & Piping Relocation		umn 2		Column 1	
Maximum of 1 Hook-Up	Number	Type of Fixture	Number	Type of Fixture o (and Shower)	
those cases where the	Hosebib / Sillcock			r (separate)	
connection is not regulated and	Urinal		29 Sink	(Coparato)	
inspected by the local sanitary	Drinking Fountain		Wash I	Basin	
district.	Indirect Waste			Closet (Toilet)	
HOOK-UP: to an existing subsurface wastewater disposal system	Water Treatment Softener, Filter,Etc.		. Clothe:	s Washer	
,	Grease / Oil Separator		Dish W	asher	
	Roof Drain		Carbaq	je Disposal	
PIPING RELOCATION: of sanitary	L_L Bidet		Laundr		
lines, drains, and piping without new fixtures.	_ Other:		<u> </u> Water		
	Fixtures (S	ubtotal) Column 2		(Subtotal) Column 1	
OR		Fees:	!:	TOTAL FIXTURES	
TRANSFERFEE [\$10,00]		rees: rst 4 fixtures = \$50 Minimum Surcharge + \$10/fixture	870 N 10 M	Fixture Fee Transfer Fee	
	7.0	<u> </u>		c-Up & Relocation Fee	
Please call 874-8703 with your	permit # to sched	ule inspections!	880.00	PERMIT FEE (TOTAL)	

Town/City PORTLAND