

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation: Portland
 Street Subdivision Lot #: 335 Brighton Ave.

PROPERTY OWNERS NAME

Brighton Medical Center
 Last: _____ First: _____

Applicant Name: Mark McShane
 Mailing Address of Owner/Applicant (If Different): Johnson + Jordan Mech. 18 Mussey Rd. Scar. ME

2010 - 8339

PORTLAND
 Date Permit Issued: 12 19 10 PERMIT # 11505 STATE COPY
 \$ 1130 Double Fee FEE Charged
Jeanne Bunka Local Plumbing Inspector Signature L.P.I. # 0732

121-C-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 Inspectors to deny a Permit.

Mark McShane 12-9-10
 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 _____

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>Hospital</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>09,318</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture	
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)	
		Floor Drain		Shower (Separate)	
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Urinal	3	Sink	
		Drinking Fountain	1	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		4	Fixtures (Subtotal) Column 1
				0	Fixtures (Subtotal) Column 2
			4	Total Fixtures	
				Fixture Fee	
				Transfer Fee	
				Hook-Up & Relocation Fee	
				Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

RECEIVED
 DEC 29 2010
 Dept. of Building Inspections
 City of Portland Maine