



# PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street: 335 Brighton Ave.	
CBL:	
PROPERTY OWNER(S) NAME	
OWNER NAME: Maine Medical Center	
Applicant Name: Johnson and Jordan Mechanical	
Mailing Address of Owner/Applicant (if Different) 18 Mussey Rd Scarborough Maine 04074	
E Mail: bhannigan@JohnsonandJordan.com	
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.	
Robert F. Hannigan Jr. <small>Digitally signed by Robert F. Hannigan Jr. DN: cn=Robert F. Hannigan Jr., o=, email=bhannigan@johnsonandjordan.com, c=US Date: 2015.06.01 13:12:51 -0400</small>	
Signature of Owner/Applicant	Date

Town/City <b>PORTLAND</b>	Permit # _____
Date Permit Issued ____ / ____ / ____	Fee: \$ _____ Double Fee Charged <input type="checkbox"/>
L.P.I. # <b>360</b>	
Local Plumbing Inspector Signature _____	
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.	
<b>Caution: Inspection Required</b>	
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 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 <u>Hospital</u></p> <p style="text-align: center; background-color: #90EE90;"><b>Please call 874-8703 with your permit # to schedule inspections!</b></p>	<p><b>Plumbing to be Installed by:</b></p> <p>NAME: <u>Matt Blazejewski</u></p> <p>E Mail: <u>Mblazejewski@johnsonandjordan.com</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>MS900909085</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number      Type of Fixture	Column 1 Number      Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.	_____   Hosebib / Sillcock	_____   Bathtub (and Shower)
	_____   Floor Drain	_____   Shower (separate)
	_____   Urinal	11   Sink
	_____   Drinking Fountain	2   Wash Basin
	_____   Indirect Waste	3   Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	_____   Water Treatment Softener, Filter, Etc.	_____   Clothes Washer
	_____   Grease / Oil Separator	_____   Dish Washer
	_____   Roof Drain	_____   Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	_____   Bidet	_____   Laundry Tub
	2   Other: <u>eye wash</u>	_____   Water Heater
<b>OR</b>	<b>Fixtures (Subtotal) Column 2</b>	<b>Fixtures (Subtotal) Column 1</b>
	<b>18</b>	<b>TOTAL FIXTURES</b>
<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture	_____   Fixture Fee
		_____   Transfer Fee
		_____   Hook-Up & Relocation Fee

<b>Please call 874-8703 with your permit # to schedule inspections!</b>	\$180.00	<b>PERMIT FEE (TOTAL)</b>
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