



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 546 Ocean Avenue

CBL: 163 A007001

Town/City PORTLAND Permit # 2014-01077

Date Permit Issued 05/2014 Fee: \$ 180 Double Fee Charged []

PROPERTY OWNER(S) NAME

NAME: Majio Property Services LLC

Applicant Name: Majio Property Services LLC

Mailing Address of Owner/Applicant (if Different) 240 Woodville Rd
Falmouth, ME 04105

TMM L.P.I. # 360
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.

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.

D. Mitchell 5-16-14
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 Application.
Date Approved (Rough-in)
Date Approved (Final)

PERMIT INFORMATION

This Application is for

1 NEW PLUMBING

2 RELOCATED PLUMBING

Type of Structure to be Served

1 SINGLE FAMILY RESIDENCE

2 MODULAR OR MOBILE HOME

3 MULTIPLE FAMILY DWELLING

4 OTHER-SPECIFY _____

Please call 874-8703 with your permit # to schedule inspections!

Plumbing to be Installed by:

NAME: Wayne Curry

1 MASTER PLUMBER

2 OIL BURNERMAN

3 MFG'D HOUSING DEALER / MECHANIC

4 PUBLIC UTILITY EMPLOYEE

5 PROPERTY OWNER

LICENSE # M5900113720

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2	Column 1
	Number Type of Fixture	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.	<input type="checkbox"/> Hosebib / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input checked="" type="checkbox"/> Shower (separate)
	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input checked="" type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input checked="" type="checkbox"/> Water Closet (Toilet)
	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Grease / Oil Separator	<input checked="" type="checkbox"/> Dish Washer
	<input type="checkbox"/> Roof Drain	<input checked="" type="checkbox"/> Garbage Disposal
	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	Other: _____	<input type="checkbox"/> Water Heater
	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Fixtures (Subtotal) Column 1
OR		<u>2</u> <u>8</u> TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	<input type="checkbox"/> Fixture Fee
		<input type="checkbox"/> Transfer Fee
		<input type="checkbox"/> Hook-Up & Relocation Fee

Please call 874-8703 with your permit # to schedule inspections! PERMIT FEE (TOTAL)

ELECTRICAL PERMIT

City of Portland, Maine



To the Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland's Electrical Ordinances, National Electrical Code and the following specifications:

Date: 5-16-14
 Permit #: 163A007001
 CBL#: 163A007001

ADDRESS: 546 Ocean Avenue
 CMP Work Order #: _____
 OWNER: Majco Property Services, LLC
 PHONE #: _____

TENANT: _____
 PLEASE HAVE YOUR PERMIT # (OR JOB ID) READY & CALL 874-8703 TO SCHEDULE AN INSPECTION!

OUTLETS:		Receptacles	34	Switches	12	Smoke Detector	0.20	12.40
FIXTURES:		Incandescent	15	Flourescent		Strips	0.20	3
SERVICES:		Overhead	<input type="checkbox"/>	Underground	<input type="checkbox"/>	TTL Amps <800	15.00	
TEMPORARY SERVICE:		Overhead	<input type="checkbox"/>	Underground	<input type="checkbox"/>	TTL Amps >800	25.00	
METERS:		(Number of)					1.00	
MOTORS:		(Number of)					2.00	
RESID/COMMER:		Electric Units					1.00	
HEATING:		Oil/Gas Units	<input type="checkbox"/>	Interior	<input type="checkbox"/>	Exterior	5.00	
APPLIANCES:		Ranges		Cook Tops		Wall Ovens	2.00	
		Insta-hot		Water Heaters		Fans	2.00	
		Dryers	3	Disposals	3	Dishwasher	2.00	12
		Compactors		Spa		Washing Machine	2.00	
MISC. (# of):		Air Cond (Window)					3.00	
		Air Cond (Central)				Pools	10.00	
		HVAC		EMS		Thermostat	5.00	
		Signs					10.00	
		Alarms/Resident					5.00	
		Alarms/Commer					15.00	
		Heavy Duty (CRKT)					2.00	
		Alterations					5.00	
		Fire Repairs					15.00	
		Emergency Lights					1.00	
		Emer Generators					20.00	
		Circus/Carnival					25.00	
PANELS:		Service	3	Remote	3	Main	4.00	12
TRANSFORMER:		0-25 Kva					5.00	
		25-200 Kva					8.00	
		Over 200 Kva					10.00	
MINIMUM COMMERCIAL FEE: \$55.00								
MINIMUM RESIDENTIAL FEE: \$45.00								
TOTAL DUE:		45.00						

Brief Description of work: Install 3 sub panels in each of three apartments - interconnect smoke detectors

PLEASE HAVE YOUR PERMIT # (OR JOB ID) READY & CALL 874-8703 TO SCHEDULE AN INSPECTION!

CONTRACTOR INFORMATION:
 Contractor Name: Stem Christ
 Address: 75 Tigen Hill Rd
 Telephone & E Mail: Poland ME 04274
 Contractor Signature: Stem Christ
 Master License #: M540089252
 Limited License #: _____

CBL: