



12028

PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 33 Sewall Street

CBL: 190 D003

PROPERTY OWNER(S) NAME

NAME: Orthopedic Associates

Applicant Name: Johnson & Jordan, Inc.

Mailing Address of Owner/Applicant (if Different): 18 Mussey Road Scarborough, Maine 04074

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.

CHRISTOPHER JORDAN
Signature of Owner/Applicant

Date 8/7/13

Town/City PORTLAND Permit # 2013 01765

Date Permit Issued 8/8/13 Fee: \$ 50 Double Fee Charged []

[Signature] 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.

Date Approved (Rough-in) _____

LPI Signature _____ Date Approved (Final) _____

PERMIT INFORMATION

<p>This Application is for</p> <p>1. <input type="checkbox"/> NEW PLUMBING</p> <p>2. <input checked="" type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type of Structure to be Served</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 _____ Medical Facility</p>	<p>Plumbing to be Installed by:</p> <p>NAME: Johnson & Jordan, Inc</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 # 02460</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.	<input type="checkbox"/>	Hosebib / Sillcock	<input type="checkbox"/>	Bathtub (and Shower)
	<input type="checkbox"/>	Floor Drain	<input type="checkbox"/>	Shower (separate)
	<input type="checkbox"/>	Urinal	<input type="checkbox"/> 1	Sink
	<input type="checkbox"/>	Drinking Fountain	<input type="checkbox"/>	Wash Basin
	<input type="checkbox"/>	Indirect Waste	<input type="checkbox"/>	Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/>	Water Treatment Softener, Filter, Etc.	<input type="checkbox"/>	Clothes Washer
	<input type="checkbox"/>	Grease / Oil Separator	<input type="checkbox"/>	Dish Washer
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/>	Roof Drain	<input type="checkbox"/>	Garbage Disposal
	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Laundry Tub
	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Water Heater
OR	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
<input type="checkbox"/> TRANSFER FEE \$10.00	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge		<input type="checkbox"/> 1	TOTAL FIXTURES
			<input type="checkbox"/> 40	Fixture Fee
			<input type="checkbox"/> 10	Surch Transfer Fee
			<input type="checkbox"/>	Hook-Up & Relocation Fee
			\$50.00	PERMIT FEE (TOTAL)