



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	One Industrial Way
CBL:	Foundation Brewery
PROPERTY OWNER(S) NAME	
NAME:	Bibeau & Company
Applicant Name:	Nason Mechanical Systems
Mailing Address of Owner/Applicant (if Different)	194 Merrow Road Auburn ME
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.	
Mark Morin	11/6/13
Signature of Owner/Applicant	Date

Town/City	PORTLAND	Permit #	_____
Date Permit Issued	___ / ___ / ___	Fee: \$	_____ Double Fee Charged []
		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.

Caution: Inspection Required

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

This Application is for 1 <input checked="" type="checkbox"/> NEW PLUMBING 2 <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served 1 <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2 <input type="checkbox"/> MODULAR OR MOBILE HOME 3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4 <input checked="" type="checkbox"/> OTHER-SPECIFY <u>Brewery</u>	Plumbing to be Installed by: NAME: <u>Brian Turgeon</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>MS90015086</u>
---	---	--

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

	Column 2	Column 1
	Number	Type of Fixture
<input checked="" 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"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
	<input type="checkbox"/> Urinal	<input checked="" type="checkbox"/> Sink
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
OR	<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"/> TRANSFER FEE \$[10.00]	<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
	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Fixtures (Subtotal) Column 1
		<input checked="" type="checkbox"/> TOTAL FIXTURES
	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	<input checked="" type="checkbox"/> Fixture Fee
		<input type="checkbox"/> Transfer Fee
		<input checked="" type="checkbox"/> Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!	50	PERMIT FEE (TOTAL)