



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street:

320 Seashore Avenue

CBL:

PROPERTY OWNER(S) NAME

NAME: George & Cheryl Higgins

Applicant

Name: Revision Energy

Mailing Address of Owner/Applicant (if Different) 142 Presumpscot Street Portland, ME 04103

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 Blaisdell
Signature of Owner/Applicant

Date 12/16/2013

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.

Date Approved (Rough-in) _____

LPI Signature _____

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: *Christopher Blaisdell*

1 MASTER PLUMBER

2 OIL BURNERMAN

3 MFG'D HOUSING DEALER / MECHANIC

4 PUBLIC UTILITY EMPLOYEE

5 PROPERTY OWNER

LICENSE # *1X1X1X1X101317195*

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.

HOOK-UP: to an existing subsurface wastewater disposal system

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE [\$10.00]

Column 2 Number Type of Fixture

Hosebib / Sillcock

Floor Drain

Urinal

Drinking Fountain

Indirect Waste

Water Treatment Softener, Filter, Etc.

Grease / Oil Separator

Roof Drain

Bidet

Other: _____

Fixtures (Subtotal) Column 2

Fees by fixture:
First 4 fixtures = \$40 Over 4 = \$10/fixture
+ \$10 Surcharge

Column 1 Number Type of Fixture

Bathtub (and Shower)

Shower (separate)

Sink

Wash Basin

Water Closet (Toilet)

Clothes Washer

Dish Washer

Garbage Disposal

Laundry Tub

Water Heater

Fixtures (Subtotal) Column 1

TOTAL FIXTURES

Fixture Fee
 Transfer Fee

Hook-Up & Relocation Fee

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\$ 50.00

PERMIT FEE (TOTAL)