



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	92 Central Avenue
CBL:	
PROPERTY OWNER(S) NAME	
OWNER NAME:	William Crosby
Applicant Name:	Revision Energy
Mailing Address of Owner/Applicant (if Different)	142 Presumpscot Street Portland, ME 04103
E Mail:	Christine@revisionenergy.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.	
Signature of Owner/Applicant	Date 12/8/14

Town/City	PORTLAND	Permit #	_____
Date Permit Issued	___/___/___	Fee: \$	_____ Double Fee Charged <input type="checkbox"/>
Local Plumbing Inspector Signature		L.P.I. # 360	
<p>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.</p>			
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 checked="" type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____ Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: Christopher Blauz dell E Mail: _____ 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 # 1027015																																																												
<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"/> HOOK-UP: to an existing subsurface wastewater disposal system <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<table border="1"> <thead> <tr> <th>Column 2</th> <th>Column 1</th> </tr> <tr> <th>Number</th> <th>Type of Fixture</th> </tr> </thead> <tbody> <tr><td> </td><td>Hosebib / Sillcock</td></tr> <tr><td> </td><td>Floor Drain</td></tr> <tr><td> </td><td>Urinal</td></tr> <tr><td> </td><td>Drinking Fountain</td></tr> <tr><td> </td><td>Indirect Waste</td></tr> <tr><td> </td><td>Water Treatment Softener, Filter, Etc.</td></tr> <tr><td> </td><td>Grease / Oil Separator</td></tr> <tr><td> </td><td>Roof Drain</td></tr> <tr><td> </td><td>Bidet</td></tr> <tr><td> </td><td>Other: _____</td></tr> <tr><td> </td><td>Fixtures (Subtotal) Column 2</td></tr> </tbody> </table>	Column 2	Column 1	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	<table border="1"> <thead> <tr> <th>Column 1</th> <th>Column 2</th> </tr> <tr> <th>Number</th> <th>Type of Fixture</th> </tr> </thead> <tbody> <tr><td> </td><td>Bathtub (and Shower)</td></tr> <tr><td> </td><td>Shower (separate)</td></tr> <tr><td> </td><td>Sink</td></tr> <tr><td> </td><td>Wash Basin</td></tr> <tr><td> </td><td>Water Closet (Toilet)</td></tr> <tr><td> </td><td>Clothes Washer</td></tr> <tr><td> </td><td>Dish Washer</td></tr> <tr><td> </td><td>Garbage Disposal</td></tr> <tr><td> </td><td>Laundry Tub</td></tr> <tr><td> </td><td>Water Heater</td></tr> <tr><td> </td><td>Fixtures (Subtotal) Column 1</td></tr> <tr><td> </td><td>TOTAL FIXTURES</td></tr> <tr><td> </td><td>Fixture Fee</td></tr> <tr><td> </td><td>Transfer Fee</td></tr> <tr><td> </td><td>Hook-Up & Relocation Fee</td></tr> </tbody> </table>	Column 1	Column 2	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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