



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS		
Street: <u>95 Herman Ave</u>		
CBL:		
PROPERTY OWNER(S) NAME		
OWNER NAME: <u>James Flagler</u>		
Applicant Name: <u>Revision Energy</u>		
Mailing Address of Owner/Applicant (if Different) <u>142 Presumpscot Street Portland, ME 04103</u>		
E Mail: <u>Christine@revisionenergy.com</u>		
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 <u>[Signature]</u>	Date <u>12/8/2014</u>	
Town/City <u>PORTLAND</u> Permit # _____		
Date Permit Issued <u> </u> / <u> </u> / <u> </u> Fee: \$ _____ Double Fee Charged <input type="checkbox"/>		
Local Plumbing Inspector Signature _____ L.P.I. # <u>360</u>		
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 type="checkbox"/> OTHER-SPECIFY _____ Please call 874-8703 with your permit # to schedule inspections!	
Plumbing to be Installed by: NAME: <u>Christopher Blusdell</u> 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 # <u>0270511111</u>		
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture	Column 1 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.	Hosebib / Sillcock	Bathtub (and Shower)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	Floor Drain	Shower (separate)
	Urinal	Sink
	Drinking Fountain	Wash Basin
	Indirect Waste	Water Closet (Toilet)
	Water Treatment Softener, Filter, Etc.	Clothes Washer
	Grease / Oil Separator	Dish Washer
	Roof Drain	Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	Bidet	Laundry Tub
	Other: _____	01 Water Heater
	Fixtures (Subtotal) Column 2	011 Fixtures (Subtotal) Column 1
OR		011 TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE \$10.00	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/per fixture	Fixture Fee
		Transfer Fee
		Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		PERMIT FEE (TOTAL)