

PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS

Street: 20 Armstrong HTS

CBL: 376 A 003001

PROPERTY OWNER(S) NAME

NAME: David Keith + Stephen Simpson

Applicant Name: ReVision Energy

Mailing Address of Owner/Applicant (if Different): 142 Presumpscot St 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.

Signature of Owner/Applicant: [Signature] Date: 7/16/14

Town/City: PORTLAND Permit # 2514-01598

Date Permit Issue: 6/11/14 Fee: \$ 50.00 Double Fee Charged []

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.

Signature: _____ 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 _____

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 # 1X1X1X1X1A2170151

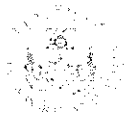
RECEIVED
JUL 21 2014

Dept. of Building Inspections
City of Portland Maine

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

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	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"/>	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"/>	Roof Drain	<input type="checkbox"/>	Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/>	Bidet	<input type="checkbox"/>	Laundry Tub
	<input type="checkbox"/>	Other: _____	<input checked="" type="checkbox"/>	Water Heater
OR	<input type="checkbox"/>	Fixtures (Subtotal) Column 2	<input checked="" type="checkbox"/>	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 checked="" type="checkbox"/>	TOTAL FIXTURES
			<input checked="" type="checkbox"/>	Fixture Fee
			<input type="checkbox"/>	Transfer Fee
			<input type="checkbox"/>	Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!			<input checked="" type="checkbox"/>	PERMIT FEE (TOTAL)

50.00



Jeff Levine, AICP, Director
Planning & Urban Development Department

Tammy Munson, Director
Inspections Division

Electronic Signature and Fee Payment Confirmation

Notice: Your electronic signature is considered a legal signature per state law.

By digitally signing the attached document(s), you are signifying your understanding this is a legal document and your electronic signature is considered a *legal signature* per Maine state law. You are also signifying your intent on paying your fees by the opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are *paid in full* to the Inspections Office, City of Portland Maine by method noted below:

Within 24-48 hours, once my complete permit application and corresponding paperwork has been electronically delivered, I intend to **call the Inspections Office** at 207-874-8703 and speak to an administrative representative and provide a credit/debit card over the phone.

Within 24-48 hours, once my permit application and corresponding paperwork has been electronically delivered, I intend to **hand deliver** a payment method to the Inspections Office, Room 315, Portland City Hall.

I intend to deliver a payment method through the U.S. Postal Service mail once my permit paperwork has been electronically delivered.

Applicant Signature: *CMP*

Date: *7/16/14*

I have provided digital copies and sent them on:

Date: *7/16/14*

NOTE: All electronic paperwork must be delivered to buildinginspections@portlandmaine.gov or by physical means ie; a thumb drive or CD to the office.

CITY OF PORTLAND
DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
 389 Congress Street
 Portland, Maine 04101

PLUMBING PERMIT RECEIPT

Application No: 2014-01598	Applicant: SIMPSON STEPHEN B
Project Desc: New Plumbing - One (1) Water Hea	Location: 20 ARMSTRONG HEIGHTS
CBL: 386A B033001	Plumber: ReVision Energy
Invoice Date: 07/21/2014	License #: MS2705

Previous Balance	-	Payment Received	+	Current Fees	-	Current Payment	=	Total Due	Payment Due Date
\$0.00		\$0.00		\$50.00		\$0.00		\$50.00	On Receipt

Previous Balance **\$0.00**

Fee Description	Qty	Fee
Plumbing Permit Fee	1	\$40.00
Water Heater	1	\$10.00
		\$40.00

Total Current Payments: - **\$0.00**
Minimum Amount Due Now: **\$40.00**

CBL: 386A B033001 **Application No:** 2014-01598
Bill to: SIMPSON STEPHEN B
 20 ARMSTRONG HEIGHTS
 PORTLAND, ME 04103

Invoice Date: 07/21/2014
Invoice No: 45848
Total Amt Due: \$50.00
Payment Amount: