

PLUMBING APPLICATION
PROPERTY ADDRESS

Department of Health and Human Services
Division of Environmental Health

Town or Plantation _____
Street or Subdivision Lot # _____

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

PROPERTY OWNER(S) NAME

Last: _____ First: _____

Local Plumbing Inspector Signature _____ L.P.I. # _____
Fee: \$ _____ State min. fee \$ _____ Locally adopted fee _____
Copy: [] Owner [] Town [] State Map # _____ Lot # _____ Local

Applicant Name: _____
Mailing Address of Owner/Applicant (if Different) _____

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.

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 of Owner/Applicant _____ Date _____

_____ 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:

- 1. MASTER PLUMBER
- 2. OIL BURNERMAN
- 3. MFG'D HOUSING DEALER / MECHANIC
- 4. PUBLIC UTILITY EMPLOYEE
- 5. PROPERTY OWNER

LICENSE # | _____ |

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

Column 2
Number Type of Fixture

Column 1
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
	Other: _____	<input type="checkbox"/> Water Heater
	Fixtures (Subtotal) Column 2	Fixtures (Subtotal) Column 1
		Fixtures (Subtotal) Column 2

OR

TRANSFER FEE
[\$10.00]

**SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE**

TOTAL FIXTURES

Fixtures Fee

Transfer Fee

Hook-Up & Relocation Fee

PERMIT FEE (TOTAL)

Owner Town Copy State Copy