

PLUMBING APPLICATION

Maine Dept. Health & Human Services
 Div of Environmental Health, 11 SHS
 (207) 287-5672 Fax: (207) 287-4172

PROPERTY ADDRESS

City, Town, or Plantation _____
 Street or Road _____
 Subdivision, Lot # _____

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City _____ Permit # _____
 Date Permit Issued ___/___/___ Fee: \$ _____ Double Fee Charged
 _____ L.P.I. # _____
 Local Plumbing Inspector Signature
 Fee: \$ _____ State min. fee \$ _____ Locally adopted fee
 Copy: [] Owner [] Town [] State Map # _____ Lot # _____

PROPERTY OWNERS NAME

Name (last, first, MI) _____ Owner Applicant
 Mailing Address of Owner/Applicant _____
 Daytime Tel. # _____

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 Internal Plumbing Rules.

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

OWNER OR APPLICANT STATEMENT
 I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

_____ Date Approved (Rough-in)

_____ Signature of Owner or Applicant _____ Date

_____ Local Plumbing Inspector Signature

_____ Date Approved (Final)

PERMIT INFORMATION

This Application Is For

- NEW PLUMBING INSTALLATION
- RELOCATED PLUMBING

Type of Structure To Be Served

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER-SPECIFY _____

Plumbing To Be Installed By

- MASTER PLUMBER
- MFG'D HOUSING DEALER/MECHANIC
- PUBLIC UTILITY EMPLOYEE
- PROPERTY OWNER

LICENSE # _____

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

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District

OR

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)

Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
_____	Hosebibb / Sillcock	_____	Bathtub (and Shower)
_____	Floor Drain	_____	Shower (Separate)
_____	Urinal	_____	Sink
_____	Drinking Fountain	_____	Wash Basin
_____	Indirect Waste	_____	Water Closet (Toilet)
_____	Waste Treatment Softener, Filter, etc.	_____	Clothes Washer
_____	Grease / Oil Separator	_____	Dish Washer
_____	Dental Cuspidor	_____	Garbage Disposal
_____	Bidet	_____	Laundry Tub
_____	Other: _____	_____	Water Heater
_____	Fixtures (Subtotal) Column 2	_____	Fixtures (Subtotal) Column 1
_____		_____	Fixtures (Subtotal) Column 2
_____		_____	Total Fixtures
_____		_____	Fixture Fee
_____		_____	Transfer Fee
_____		_____	Hook-Up & Relocation Fee
_____		_____	Permit Fee
_____		_____	(Total)

Owner Town State

Rev. 05/2015

