

# 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.

\_\_\_\_\_  
 Signature of Owner or Applicant      Date

\_\_\_\_\_  
 Date Approved (Rough-In)  
 \_\_\_\_\_  
 Local Plumbing Inspector Signature      \_\_\_\_\_  
 Date Approved (Final)

## PERMIT INFORMATION

<b>This Application Is For</b>  1. <input type="checkbox"/> NEW PLUMBING INSTALLATION  2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served</b> 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____	<b>Plumbing To Be Installed By</b>  1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 3. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 4. <input type="checkbox"/> PROPERTY OWNER  LICENSE #

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 in those cases where the connection is not regulated and inspected by the local Sanitary District  <b>OR</b> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Urinal		Sink
		Drinking Fountain		Wash Basin
<input type="checkbox"/> <b>OR</b> <input type="checkbox"/> TRANSFER FEE (\$10.00)		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
				<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee
				<b>(Total)</b>

Owner    Town    State

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