

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

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

1. NEW PLUMBING INSTALLATION
2. RELOCATED PLUMBING

Type of Structure To Be Served

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER-SPECIFY _____

Plumbing To Be Installed By

1. MASTER PLUMBER
2. MFG'D HOUSING DEALER/MECHANIC
3. PUBLIC UTILITY EMPLOYEE
4. 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)

Column 2 Number Type of Fixture

	Hosebibb / Sillcock
	Floor Drain
	Urinal
	Drinking Fountain
	Indirect Waste
	Waste Treatment Softener, Filter, etc.
	Grease / Oil Separator
	Dental Cuspidor
	Bidet
	Other: _____
	Fixtures (Subtotal) Column 2

Column 1 Number Type of Fixture

	Bathtub (and Shower)
	Shower (Separate)
	Sink
	Wash Basin
	Water Closet (Toilet)
	Clothes Washer
	Dish Washer
	Garbage Disposal
	Laundry Tub
	Water Heater

Fixtures (Subtotal)

Column 1

Fixtures (Subtotal)

Column 2

Total Fixtures

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

Permit Fee

(Total)