

PLUMBING APPLICATION

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

PROPERTY ADDRESS

>> CAUTION: LPI APPROVAL REQUIRED <<

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

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

PROPERTY OWNERS NAME

Name (last, first, MI) Owner Applicant

Local Plumbing Inspector Signature
 Fee: \$ _____ State min. fee \$ _____ Locally adopted fee
 Copy: [] Owner [] Town [] State

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.

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.

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

Signature of Owner or Applicant _____ Date _____

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

PERMIT INFORMATION

This Application Is For 1. <input type="checkbox"/> NEW PLUMBING INSTALLATION 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served 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 _____	Plumbing To Be Installed By 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"/> <u>HOOK-UP:</u> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR <input type="checkbox"/> <u>HOOK UP:</u> to an existing subsurface wastewater disposal system		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> <u>PIPING RELOCATION:</u> of sanitary lines, drains, and piping without new fixtures		Urinal		Sink
		Drinking Fountain		Wash Basin
<input type="checkbox"/> OR <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
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee
				(Total)

Owner Town State

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