

Tax Map #

Lot #

Department of Health and Human Services
Division of Environmental Health

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation _____
 Street or Subdivision Lot # _____

PROPERTY OWNER(S) NAME

Last: _____ First: _____
 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.

Signature of Owner/Applicant _____ Date _____

Town/City _____ Permit # _____
 Date Permit Issued ___/___/___ Fee: \$ _____ Double Fee Charged []
 L.P.I. # _____
 Local Plumbing Inspector Signature _____

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.

_____ Date Approved (Rough-in)
 LPI Signature _____ Date Approved (Final)

PERMIT INFORMATION

This Application is for	Type of Structure to be Served	Plumbing to be Installed by:
1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____	1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> 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 / Silcock <input type="checkbox"/> Floor Drain <input type="checkbox"/> Urinal <input type="checkbox"/> Drinking Fountain <input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Bathtub (and Shower) <input type="checkbox"/> Shower (separate) <input type="checkbox"/> Sink <input type="checkbox"/> Wash Basin <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"/> Grease / Oil Separator <input type="checkbox"/> Dental Cuspidor	<input type="checkbox"/> Clothes Washer <input type="checkbox"/> Dish Washer <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"/> Other: _____ <input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Laundry Tub <input type="checkbox"/> Water Heater <input type="checkbox"/> Fixtures (Subtotal) Column 1 <input type="checkbox"/> Fixtures (Subtotal) Column 2
OR		TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE (\$10.00)		\$10.00 Fixture fee
		Transfer Fee
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE	Hook-Up & Relocation Fee
	<input type="checkbox"/> Owner <input type="checkbox"/> Town Copy <input type="checkbox"/> State Copy	PERMIT FEE (TOTAL)