

# 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.

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

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

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

**OR**

**HOO-K UP:** to an existing subsurface wastewater disposal system

**PIPING RELOCATION:** of sanitary lines, drains, and piping without new fixtures

**OR**

**TRANSFER FEE (\$6.00)**

### Column 2 Number Type of Fixture

	Hose/bbb / Silcock
	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)**