

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 []
 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.

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 _____

CAUTION: INSPECTION REQUIRED
 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
 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 # _____
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Number	Column 2 Type of Fixture	Number	Column 1 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		Hosebibb / Sillcock		Bathtub (and Shower)
	OR		Floor Drain		Shower (Separate)
<input type="checkbox"/>		HOOK UP: to an existing subsurface wastewater disposal system		Urinal	Sink
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
	OR		Waste Treatment Softener, Filter, etc.		Clothes Washer
			Grease / Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
	TRANSFER FEE (\$6.00)		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)