

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation  
Street or Subdivision Lot #

Town/City \_\_\_\_\_ Permit # \_\_\_\_\_

Date Permit Issued \_\_\_/\_\_\_/\_\_\_ Fee: \$\_\_\_\_\_ Double Fee Charged [ ]

## PROPERTY OWNER(S) NAME

Last: \_\_\_\_\_ First: \_\_\_\_\_

\_\_\_\_\_ L.P.I. # \_\_\_\_\_

Local Plumbing Inspector Signature

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.

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.

Signature of Owner/Applicant \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ 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.  NEW PLUMBING
2.  RELOCATED PLUMBING

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

1.  MASTER PLUMBER
2.  OIL BURNERMAN
3.  MFG'D HOUSING DEALER / MECHANIC
4.  PUBLIC UTILITY EMPLOYEE
5.  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 / Sillcock <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"/> Roof Drain	<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

TRANSFER FEE  
[\$10.00]

SEE PERMIT FEE SCHEDULE  
FOR CALCULATING FEE

### TOTAL FIXTURES

Fixture Fee  
 Transfer Fee

Hook-Up & Relocation Fee

### PERMIT FEE (TOTAL)

Owner  Town Copy  State Copy