

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)

Phone # _____

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 _____

Department of Health and Human Services
Division of Environmental Health

Town/City _____ Permit # _____
Date Permit Issued ___/___/___ Fee: \$ _____ Double Fee Charged []
L.P.I. # _____
Local Plumbing Inspector Signature _____
Fee: \$ _____ State min. fee \$ _____ Locally adopted fee _____
Copy: [] Owner [] Town [] State Map # _____ Lot # _____ Local _____

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. 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
Type of Fixture**

**Column 1
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

Fixtures Fee
Transfer Fee

Hook-Up & Relocation Fee

PERMIT FEE (TOTAL)

Owner Town Copy State Copy