

PLUMBING APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-6672 Fax: (207) 287-4172

PROPERTY ADDRESS

City, Town, or Plantation	
Street or Road	
Subdivision, Lot #	

PROPERTY OWNERS NAME

Name (last, first, MI)	Owner Applicant
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Mailing Address of Owner/Applicant	
Daytime Tel. #	

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: LPI APPROVAL REQUIRED <<

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

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.

Date Approved (Rough-In) _____
Local Plumbing Inspector Signature _____
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 / Silcock		Bathtub (and Shower)
<input type="checkbox"/>	HOOK-UP: to an existing subsurface wastewater disposal system		Floor Drain		Shower (Separate)
<input type="checkbox"/>	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Urinal		Sink
<input type="checkbox"/>	OR		Drinking Fountain		Wash Basin
<input type="checkbox"/>	TRANSFER FEE (\$10.00)		Indirect Waste		Water Closet (Toilet)
			Waste Treatment Softener, Filter, etc.		Clothes Washer
			Grease / Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			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)

☐ Owner ☐ Town ☐ State

rev. 08/2011