

Phone Number _____

Department of Health and Human Services
Division of Environmental Health

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)

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 _____

Town/City _____ Permit # _____
Date Permit Issued ___/___/___ Fee: \$ _____ Double Fee Charged []
Local Plumbing Inspector Signature _____ L.P.I. # _____
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. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____	1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> 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	<input type="checkbox"/> Hosebib / Sillcock	<input type="checkbox"/> Bathtub (and Shower)
those cases where the connection	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
is not regulated and inspected by	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
the local sanitary district.	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface	<input type="checkbox"/> Water Treatment Softener, Filter, Etc.	<input type="checkbox"/> Clothes Washer
wastewater disposal system	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary	<input type="checkbox"/> Bidet	<input type="checkbox"/> Laundry Tub
lines, drains, and piping without	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
new fixtures.	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Fixtures (Subtotal) Column 1
		<input type="checkbox"/> Fixtures (Subtotal) Column 2
OR		TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE [\$10.00]		<input type="checkbox"/> Fixture Fee <input type="checkbox"/> Transfer Fee
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE	<input type="checkbox"/> Hook-Up & Relocation Fee
		PERMIT FEE (TOTAL)
	<input type="checkbox"/> Owner <input type="checkbox"/> Town Copy <input type="checkbox"/> State Copy	