

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

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 []

L.P.I. # _____

Local Plumbing Inspector Signature _____

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

1. NEW PLUMBING
2. RELOCATED PLUMBING

Type of Structure to be Served

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

Plumbing to be installed by:

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

HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.

HOOK-UP: to an existing subsurface wastewater disposal system

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.

OR

TRANSFER FEE
[\$10.00]

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

Owner Town Copy State Copy

Column 2 Type of Fixture

<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"/>	Water Treatment Softener, Filter, Etc.
<input type="checkbox"/>	Grease / Oil Separator
<input type="checkbox"/>	Roof Drain
<input type="checkbox"/>	Bidet
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Fixtures (Subtotal) Column 2

Column 1 Type of Fixture

<input type="checkbox"/>	Bathub (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"/>	Clothes Washer
<input type="checkbox"/>	Dish Washer
<input type="checkbox"/>	Garbage Disposal
<input type="checkbox"/>	Laundry Tub
<input type="checkbox"/>	Water Heater
<input type="checkbox"/>	Fixtures (Subtotal) Column 1
<input type="checkbox"/>	Fixtures (Subtotal) Column 2

TOTAL FIXTURES

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

PERMIT FEE (TOTAL)