

# PLUMBING APPLICATION

Maine Dept. Health & Human Services  
 Div of Environmental Health , 11 SHS  
 (207) 287-5672 Fax: (207) 287-4172

## PROPERTY ADDRESS

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

**>> CAUTION: LPI APPROVAL REQUIRED <<**

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

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

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

Local Plumbing Inspector Signature

## PROPERTY OWNERS NAME

Name (last, first, MI)  Owner  Applicant

Mailing Address of Owner/Applicant \_\_\_\_\_

Daytime Tel. # \_\_\_\_\_

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.

## 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.

**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)

\_\_\_\_\_ Date Approved (Final)

Local Plumbing Inspector Signature

Signature of Owner or Applicant \_\_\_\_\_ Date \_\_\_\_\_

## PERMIT INFORMATION

<b>This Application Is For</b> 1. <input type="checkbox"/> NEW PLUMBING INSTALLATION 2. <input type="checkbox"/> RELOCATED PLUMBING PLUMBER'S NAME & PHONE # _____	<b>Type of Structure To Be Served</b> 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 _____	<b>Plumbing To Be Installed By</b> 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 # _____
---	--	---

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 in those cases where the connection is not regulated and inspected by the local Sanitary District <b>OR</b> <input type="checkbox"/> HOOK UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Hosebibb / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal		Sink
			Drinking Fountain		Wash Basin
			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
	<b>OR</b> <input type="checkbox"/> TRANSFER FEE (\$10.00)		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
					<b>Total Fixtures</b>
					<b>Fixture Fee</b>
					<b>Transfer Fee</b>
					<b>Hook-Up &amp; Relocation Fee</b>
					<b>Permit Fee</b>
					<b>(Total)</b>