

# 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

### CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Maine 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  
 \_\_\_\_\_  
 Signature of Owner or Applicant Date

\_\_\_\_\_ 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 # _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District <b>OR</b> HOOK UP: to an existing subsurface wastewater disposal system <b>OR</b> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures <b>OR</b> TRANSFER FEE (\$10.00)		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
	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
			Fixtures (Subtotal) Column 2	
			<b>Total Fixtures</b>	
			Fixture Fee	
			Transfer Fee	
			Hook-Up & Relocation Fee	
			Permit Fee	
			<b>(Total)</b>	