

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation  
Street or Subdivision Lot #

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

## 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 \_\_\_\_\_

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.  NEW PLUMBING  
2.  RELOCATED PLUMBING

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

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.

### Column 2 Number Type of Fixture

Hosebib / Sillcock  
  Floor Drain  
  Urinal  
  Drinking Fountain  
  Indirect Waste

### Column 1 Number Type of Fixture

Bathtub (and Shower)  
  Shower (separate)  
  Sink  
  Wash Basin  
  Water Closet (Toilet)

HOOK-UP: to an existing subsurface wastewater disposal system

Water Treatment Softener, Filter, Etc.  
  Grease / Oil Separator  
  Roof Drain

Clothes Washer  
  Dish Washer  
  Garbage Disposal  
  Laundry Tub  
  Water Heater

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

Bidet  
  Other: \_\_\_\_\_  
  Fixtures (Subtotal) Column 2

Fixtures (Subtotal) Column 1  
  Fixtures (Subtotal) Column 2

**OR**

TRANSFER FEE  
[\$10.00]

**SEE PERMIT FEE SCHEDULE  
FOR CALCULATING FEE**

### TOTAL FIXTURES

Fixture Fee  
  Transfer Fee

Hook-Up & Relocation Fee

### PERMIT FEE (TOTAL)

Owner  Town Copy  State Copy