

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 #

PROPERTY OWNERS NAME

Name (last, first, MI)

☐ Owner
☐ Applicant

Mailing Address
of
Owner/Applicant

Daytime Tel. #

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

>> CAUTION: LPI APPROVAL REQUIRED <<

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 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.

Date Approved (Rough-In)

Local Plumbing Inspector Signature

Date Approved (Final)

PERMIT INFORMATION

This Application Is For

- ☐ NEW PLUMBING INSTALLATION
- ☐ RELOCATED PLUMBING

Type of Structure To Be Served

- ☐ SINGLE FAMILY DWELLING
- ☐ MODULAR OR MOBILE HOME
- ☐ MULTIPLE FAMILY DWELLING
- ☐ OTHER-SPECIFY _____

Plumbing To Be Installed By

- ☐ MASTER PLUMBER
- ☐ MFG'D HOUSING DEALER/MECHANIC
- ☐ PUBLIC UTILITY EMPLOYEE
- ☐ PROPERTY OWNER

LICENSE # _____

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

☐ HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District

OR

☐ 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)

Column 2 Type of Fixture

Number

Hosebibb / Sillcock

Floor Drain

Urinal

Drinking Fountain

Indirect Waste

Waste Treatment Softener,
Filter, etc.

Grease / Oil Separator

Dental Cuspidor

Bidet

Other: _____

Fixtures (Subtotal)
Column 2

Column 1 Type of Fixture

Number

Bathtub (and Shower)

Shower (Separate)

Sink

Wash Basin

Water Closet (Toilet)

Clothes Washer

Dish Washer

Garbage Disposal

Laundry Tub

Water Heater

Fixtures (Subtotal)

Column 1

Fixtures (Subtotal)

Column 2

Total Fixtures

Fixture Fee

Transfer Fee

Hook-Up & Relocation Fee

Permit Fee

(Total)