

# 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. # \_\_\_\_\_

## 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

\_\_\_\_\_  
 Local Plumbing Inspector Signature

\_\_\_\_\_  
 Date Approved (Rough-In)

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

## PERMIT INFORMATION

### This Application Is For

1.  NEW PLUMBING INSTALLATION
2.  RELOCATED PLUMBING

### Type of Structure To Be Served

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

### Plumbing To Be Installed By

1.  MASTER PLUMBER
2.  MFG'D HOUSING DEALER/MECHANIC
3.  PUBLIC UTILITY EMPLOYEE
4.  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)**

Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
	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>
			<b>Fixture Fee</b>
			<b>Transfer Fee</b>
			<b>Hook-Up &amp; Relocation Fee</b>
			<b>Permit Fee</b>
			<b>(Total)</b>

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

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)**