PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation

Street or Subdivision Lot #

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

Town/City _____ Permit # _____

Date Permit Issued ___/___/___ Fee: $_____ Double Fee Charged [ ]

_____ L.P.I. # _____

Local Plumbing Inspector Signature

Fee: $ _____ State min. fee $ _____ Locally adopted fee

Copy: [ ] Owner [ ] Town [ ] State Map # _____ Lot # _____

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.

LPI Signature

Date Approved (Rough-in)

Date Approved (Final)

PERMIT INFORMATION

This Application is for

1. [NEW PLUMBING
2. [RELOCATED PLUMBING

Type of Structure to be Served

1. [**SINGLE FAMILY RESIDENCE**
2. [MODULAR OR MOBILE HOME
3. [MULTIPLE FAMILY DWELLING
4. [OTHER-SPECIFY _____

Plumbing to be Installed by:

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	Column 2 Number	Column 2 Type of Fixture	Column 1 Number	Column 1 Type of Fixture
___ HOOK-UP: to public sewer by	___	Hosebib / Sillcock	___	Bathtub (and Shower)
those cases where the connection	___	Floor Drain	___	Shower (separate)
is not regulated and inspected by	___	Urinal	___	Sink
the local sanitary district.	___	Drinking Fountain	___	Wash Basin
	___	Indirect Waste	___	Water Closet (Toilet)
___ HOOK-UP: to an existing subsurface	___	Water Treatment Softener, Filter, Etc.	___	Clothes Washer
wastewater disposal system	___	Grease / Oil Separator	___	Dish Washer
	___	Roof Drain	___	Garbage Disposal
___ PIPING RELOCATION: of sanitary	___	Bidet	___	Laundry Tub
lines, drains, and piping without	___	Other: _____	___	Water Heater
new fixtures.	___	Fixtures (Subtotal) Column 2	___	Fixtures (Subtotal) Column 1
			___	Fixtures (Subtotal) Column 2
OR			___	**TOTAL FIXTURES**
[TRANSFER FEE [$10.00]			___	Fixture Fee
			___	Transfer Fee
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		___	Hook-Up & Relocation Fee
			___	**PERMIT FEE (TOTAL)**
	[**Owner** [**Town Copy** [**State Copy**			PAGE 1 OF 1
				HHE-211 Rev. 05/2015