PLUMBING APPLICATION

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

Department of Health and Human Services
Division of Environmental Health

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 #_____Local

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

|___|___| HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.

|___|___| 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 Number	Type of Fixture
	Hosebib / Sillcock
	Floor Drain
	Urinal
	Drinking Fountain
	Indirect Waste
	Water Treatment Softener, Filter, Etc.
	Grease / Oil Separator
	Roof Drain
	Bidet
	Other: _____
	Fixtures (Subtotal) Column 2

Column 1 Number	Type of Fixture
	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)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

☐ Owner ☐ Town Copy ☐ State Copy

HHE-211 Rev. 05/2015