PLUMBING APPLICATION			Department of Health and Human Services										
PROPERTY ADDRESS			Division of Environmental Health Town/City Permit #										
Town or													
Plantation Street or			Date Permit Issued/ Fee: \$ Double Fee Charged []										
Subdivision Lot #			L.P.I. #										
PROPERTY OWNER(S) NAME			Local Plumbing Inspector Signature Fee: \$ State min. fee \$ Locally adopted fee										
Lest. First.	Copy: [] Owner [] Town [] State Map # Lot #Local												
Last: First: First:				,									
Name:	The Internal Plumbing F	ixtures	an	d Piping shall not be installed until a									
Mailing Address of Owner/Applicant	Permit is issued by the l	Local P	lun	nbing Inspector. The Permit shall install the plumbing system in									
(if Different)	accordance with this ap	plication	n a	nd the Maine Subsurface Wastewater									
Owner/Applicant Statement			Disposal Rules.										
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.			<u>Caution: Inspection Required</u> I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.										
												.g.	Date Approved (Rough-in)
							Signature of Owner/Applicant Date			LPI Signature Date Approved (Final)			
						Date Approved (Final)							
PERMIT INFORMATION													
This Application is for	Type of Structure to be Served				Plumbing to be Installed by:								
1. 🗌 NEW PLUMBING	1. 🗆	1. SINGLE FAMILY RESIDENCE			1. 🗌 MASTER PLUMBER								
2. CRELOCATED PLUMBING	2. D MODULAR OR MOBILE HOME			2. 🗆	2. 🗌 OIL BURNERMAN								
	3. 🗌 MULTIPLE FAMILY DWELLING			3. 🗌	3. 🗌 MFG'D HOUSING DEALER / MECHANIC								
		4. OTHER-SPECIFY											
	4. 🗆												
				5. D PROPERTY OWNER									
					LICENSE # _ _ _ _ _ _ _ _ _ _								
Hook-Up & Piping Relocation		Column 2			Column 1 Number Type of Fixture								
Maximum of 1 Hook-Up	Num	ber Hosebib / S	Type of Fixture	Num	nber I	Type of Fixture 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 Fo	untain			Wash Basin							
		Indirect Wa	ste			Water Closet (Toilet)							
HOOK-UP: to an existing subsurface		Water Treat	ment Softener, Filter, Etc.			Clothes Washer							
wastewater disposal system		Grease / Oi				Dish Washer							
		Roof Drain				Garbage Disposal							
PIPING RELOCATION: of sanitary		Bidet				Laundry Tub							
lines, drains, and piping without		Other:				Water Heater							
new fixtures.		Fixtures (Su	ibtotal) Column 2			Fixtures (Subtotal) Column 1							
						Fixtures (Subtotal) Column 2							
OR						TOTAL FIXTURES							
						Fixture Fee							
TRANSFER FEE [\$10.00]						Transfer Fee							
		-	MIT FEE SCHEDULE			Hook-Up & Relocation Fee							
		FOR C	ALCULATING FEE			PERMIT FEE (TOTAL)							
	_	Owner Tow											
	n Copy 🗌 State Copy	y State Copy PAGE HHE-211 Rev. 05											
						Tine-211 Nev. 03/2013							