

PROPERTY ADDRESS

Town or
Plantation
Street or
Subdivision Lot #

Last:
Applicant
Name:
Mailing Address of
Owner/Applicant
(if Different)

First:

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.

_____ Date Approved (Rough-in)

_____ LPI Signature

_____ Date Approved (Final)

PERMIT INFORMATION

This Application is for	Type of Structure to be Served	Plumbing to be Installed by:
1. <input type="checkbox"/> <input type="checkbox"/> NEW PLUMBING	1. <input type="checkbox"/> <input type="checkbox"/> SINGLE FAMILY RESIDENCE	1. <input type="checkbox"/> <input type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC
	4. <input type="checkbox"/> <input type="checkbox"/> OTHER-SPECIFY _____	4. <input type="checkbox"/> <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> <input type="checkbox"/> PROPERTY OWNER
		LICENSE # _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number 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	<input type="checkbox"/> <input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> <input type="checkbox"/> Dish Washer
	<input type="checkbox"/> <input type="checkbox"/> Roof Drain	<input type="checkbox"/> <input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> <input type="checkbox"/> PIPING RELOCATION: of sanitary	<input type="checkbox"/> <input type="checkbox"/> Bidet	<input type="checkbox"/> <input type="checkbox"/> Laundry Tub
lines, drains, and piping without	<input type="checkbox"/> <input type="checkbox"/> Other: _____	<input type="checkbox"/> <input type="checkbox"/> Water Heater
new fixtures.	<input type="checkbox"/> <input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> <input type="checkbox"/> Fixtures (Subtotal) Column 1
		<input type="checkbox"/> <input type="checkbox"/> Fixtures (Subtotal) Column 2
OR		<input type="checkbox"/> <input type="checkbox"/> TOTAL FIXTURES
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> TRANSFER FEE [\$10.00]		<input type="checkbox"/> <input type="checkbox"/> _____ Fixture Fee _____ <input type="checkbox"/> <input type="checkbox"/> Transfer Fee
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE	<input type="checkbox"/> <input type="checkbox"/> Hook-Up & Relocation Fee
		<input type="checkbox"/> <input type="checkbox"/> PERMIT FEE (TOTAL)
	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Town Copy <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> State Copy	PAGE 1 OF 1
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