

PLUMBING APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health

PROPERTY ADDRESS

Town	Harrison
Street or Road	
Subdivision, Lot #	

>> CAUTION: LPI APPROVAL REQUIRED <<

Town Harrison Permit # _____

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

_____ L.P.I. # _____

Local Plumbing Inspector Signature Map _____ Lot _____

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.

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.

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

_____ Date Approved (Sub-Slab)

_____ Date Approved (Rough-In)

_____ Date Approved (Final)

Local Plumbing Inspector Signature

Signature Owner Applicant _____ Date _____

PERMIT INFORMATION

This Application Is For 1. <input type="checkbox"/> NEW PLUMBING INSTALLATION 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____	Plumbing To Be Installed By 1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. MFG'D HOUSING DEALER/MECHANIC 4. PUBLIC UTILITY EMPLOYEE 5. <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
<input type="checkbox"/>	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District		Hosebibb / Sillcock		Bathtub (and Shower)
	OR		Floor Drain		Shower (Separate)
			Urinal		Wash Basin (Hand)
<input type="checkbox"/>	HOOK UP: to an existing subsurface wastewater disposal system		Drinking Fountain		Water Closet (Toilet)
	OR		Indirect Waste		Clothes Washer
			Waste Treatment Softener, Filter, etc.		Laundry Tub
<input type="checkbox"/>	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Grease / Oil Separator		Dish Washer
	OR		Roof Drain		Garbage Disposal
			Bidet		Sink (Food Prep)
	OR		Other: _____		Water Heater
<input type="checkbox"/>		TRANSFER FEE (\$10.00)		Fixtures (Subtotal) Column 2	
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				Fixtures (Subtotal) Column 2
					Fixture Fee
					Transfer Fee
					Hook-Up & Relocation Fee
					Permit Fee (Total)

Copy: Owner _____ Town _____ State _____