

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or
Plantation **Edgecomb**
Street or
Subdivision Lot #

Town/City: Edgecomb _____ Permit # _____

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

PROPERTY OWNER(S) NAME

_____ L.P.I. # _____

Local Plumbing Inspector Signature

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.

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 disposal 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.

Signature of Owner/Applicant _____

Date _____

LPI Signature

Date Approved

PERMIT INFORMATION

This Application is for

Type of Structure to be Served

Plumbing to be Installed by:

- 1. NEW PLUMBING
- 2. RELOCATED PLUMBING

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

- 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 Type of Fixture

Column 1
Number Type of Fixture

<input type="checkbox"/> HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.	<input type="checkbox"/> Hosebib / Sillcock <input type="checkbox"/> Floor Drain <input type="checkbox"/> Urinal <input type="checkbox"/> Drinking Fountain <input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Bathtub (and Shower) <input type="checkbox"/> Shower (separate) <input type="checkbox"/> Sink <input type="checkbox"/> Wash Basin <input type="checkbox"/> Water Closet (Toilet)
<input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system	<input type="checkbox"/> Water Treatment Softener, Filter, Etc. <input type="checkbox"/> Grease / Oil Separator <input type="checkbox"/> Roof Drain	<input type="checkbox"/> Clothes Washer <input type="checkbox"/> Dish Washer <input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	<input type="checkbox"/> Bidet <input type="checkbox"/> Other: _____ <input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Laundry Tub <input type="checkbox"/> Water Heater <input type="checkbox"/> Fixtures (Subtotal) Column 1 <input type="checkbox"/> Fixtures (Subtotal) Column 2

OR

TRANSFER FEE
[\$10.00]

SEE PERMIT FEE SCHEDULE
FOR CALCULATING FEE

TOTAL FIXTURES

_____ Fixture Fee

_____ Transfer Fee

_____ Hook-Up & Relocation Fee

PERMIT FEE (TOTAL)

Owner Town Copy State Copy