PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

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

Town/City ___**ROME**_____ Permit # _____

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

_____L.P.I. # _____
Local Plumbing Inspector Signature

Tax Map_____ Lot_____

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. ☐ NEW PLUMBING	1. ☐ SINGLE FAMILY RESIDENCE	1. ☐ MASTER PLUMBER
2. ☐ RELOCATED PLUMBING	2. ☐ MODULAR OR MOBILE HOME	2. ☐ OIL BURNERMAN
	3. ☐ MULTIPLE FAMILY DWELLING	3. ☐ MFG'D HOUSING DEALER / MECHANIC
	4. ☐ OTHER-SPECIFY _____	4. ☐ PUBLIC UTILITY EMPLOYEE
		5. ☐ PROPERTY OWNER
		LICENSE # |__|__|__|__|__|__|__|__|__|__|

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number	Column 2 Type of Fixture	Column 1 Number	Column 1 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	|___|___|	Grease / Oil Separator	|___|___|	Dish Washer
	|___|___|	Roof Drain	|___|___|	Garbage Disposal
|___|___| PIPING RELOCATION: of sanitary	|___|___|	Bidet	|___|___|	Laundry Tub
lines, drains, and piping without	|___|___|	Other: _____	|___|___|	Water Heater
new fixtures.	|___|___|	Fixtures (Subtotal) Column 2	|___|___|	Fixtures (Subtotal) Column 1
			|___|___|	Fixtures (Subtotal) Column 2
OR				**TOTAL FIXTURES**
☐ TRANSFER FEE [$10.00]			|_____|	Fixture Fee
			|_____|	Transfer Fee
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE		|_____|	Hook-Up & Relocation Fee
				PERMIT FEE (TOTAL)
	☐ **Owner** ☐ **Town Copy** ☐ **State Copy**			

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