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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) _____

Contractor: _____

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

Contact Phone # _____

Town/City_**Winslow** _____ Permit # _____

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

_____ L.P.I. # _____

Local Plumbing Inspector Signature

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 and found it to be in complaince with the Maine Plumbing Rulles Application

_____ / _____ / _____ Date

_____ / _____ / _____ Date Rough-in

_____ / _____ / _____ Date Final

LPI Signature

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)
	White – State, Yellow – Town, Pink - Owner ☐ Owner ☐ Town Copy ☐ State Copy			

HHE-211 Rev. 08/2011