

<h1>Plumbing Application</h1>		City Permit No.: PL-	Maine Department of Health & Human Services Div. of Environmental Health, 11 SHS (207)287-5672 Fax: (207)287-4172
Property Address		Map Lot	>>Caution: LPI Approval Required<<
City, Town or Plantation	Town / City: Auburn		State Permit #:
Street			Fee: \$ _____
Subdivision			<input type="checkbox"/> Double Fee
Property Owner's Name		Date Permit Issued: ___/___/___	0988
Last:	First:		
Name:	Local Plumbing Inspector Signature _____ LPI # _____		
Mailing Address of Owner / Applicant	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.		
Name of Licensed Plumber		>>Caution: Inspection Required<<	
Last:	First:	I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules	
Owner / Applicant Statement		Date Approved (Rough-In): _____	
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 Inspectors to deny a permit.			
Signature of Owner / Applicant	Date	Local Plumbing Inspector Signature	Date Approved (Final)

Permit Information

This Application is For: <input type="checkbox"/> 1. New Plumbing Installation <input type="checkbox"/> 2. Relocated Plumbing	Type of Structure To Be Served: <input type="checkbox"/> 1. Single Family Dwelling <input type="checkbox"/> 2. Modular or Mobile Home <input type="checkbox"/> 3. Multiple Family Dwelling <input type="checkbox"/> 4. Other - Please Specify	Plumbing To Be Installed By: <input type="checkbox"/> 1. Master Plumber <input type="checkbox"/> 2. Mfg'd Housing Dealer / Mechanic <input type="checkbox"/> 3. Public Utility Employee <input type="checkbox"/> 4. Property Owner License #: _____
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 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 OR <input type="checkbox"/> Hook-Up: to an existing subsurface wastewater disposal system <input type="checkbox"/> Piping Relocation: of sanitary lines, drains, and piping without new fixtures OR <input type="checkbox"/> Transfer Fee (\$10.00)		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Waste Treatment Softener, Filter, etc...		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cupidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee Total

Owner / Applicant
 Town
 State Copy