

# 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 Smithfield Permit # \_\_\_\_\_

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

Local Plumbing Inspector Signature \_\_\_\_\_ L.P.I. # \_\_\_\_\_

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. <input type="checkbox"/> NEW PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE	1. <input type="checkbox"/> MASTER PLUMBER
2. <input type="checkbox"/> RELOCATED PLUMBING	2. <input type="checkbox"/> MODULAR OR MOBILE HOME	2. <input type="checkbox"/> OIL BURNERMAN
	3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING	3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC
	4. <input type="checkbox"/> OTHER-SPECIFY _____	4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
		5. <input type="checkbox"/> PROPERTY OWNER
		LICENSE #
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture	Column 1 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"/> Bathtub (and Shower)
	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Shower (separate)
	<input type="checkbox"/> Urinal	<input type="checkbox"/> Sink
	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Wash Basin
	<input type="checkbox"/> Indirect Waste	<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"/> Clothes Washer
	<input type="checkbox"/> Grease / Oil Separator	<input type="checkbox"/> Dish Washer
	<input type="checkbox"/> Roof Drain	<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"/> Laundry Tub
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Water Heater
	<input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Fixtures (Subtotal) Column 1
		<input type="checkbox"/> Fixtures (Subtotal) Column 2
<b>OR</b>		<b>TOTAL FIXTURES</b>
<input type="checkbox"/> TRANSFER FEE [\$10.00]		<input type="checkbox"/> Fixture Fee
		<input type="checkbox"/> Transfer Fee
	<b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b>	<input type="checkbox"/> Hook-Up & Relocation Fee
		<b>PERMIT FEE (TOTAL)</b>
	<input type="checkbox"/> Owner <input type="checkbox"/> Town Copy <input type="checkbox"/> State Copy	

