

PLUMBING APPLICATION

Maine Dept. Health & Human Services
 Div of Environmental Health, 11 SHS
 (207) 287-5672 Fax: (207) 287-4172

PROPERTY ADDRESS

>> CAUTION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation: Lamoine
 Street or Road: 184 Needles Eye Road
 Subdivision, Lot #:

Town/City: Lamoine Permit # 1944
 Date Permit Issued: 1/31/19 Fee: \$ 40 Double Fee Charged []
Rebecca Oxt L.P.I. # 394
 Local Plumbing Inspector Signature MAP 4 Lot 45

PROPERTY OWNERS NAME

Name (last, first, MI): Leavitt Taylor Owner Applicant
 Mailing Address of Owner/Applicant: 178 Jordan River Road
Trenton, ME 04605
 Daytime Tel. #: 207-460-8905

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.

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

OWNER OR APPLICANT STATEMENT
 I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.
[Signature] 1-30-19
 Signature of Owner or Applicant Date

Local Plumbing Inspector Signature: _____ Date Approved (Rough-In): _____
 Date Approved (Final): _____

PERMIT INFORMATION

This Application Is For 1. <input checked="" type="checkbox"/> NEW PLUMBING INSTALLATION 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input checked="" type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____	Plumbing To Be Installed By 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 3. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 4. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>91010191995</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	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 checked="" type="checkbox"/> HOOK UP: to an existing subsurface wastewater disposal system	0	Hosebibb / Sillcock	0	Bathtub (and Shower)
	2	Floor Drain	0	Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures	0	Urinal	0	Sink
	0	Drinking Fountain	0	Wash Basin
	0	Indirect Waste	0	Water Closet (Toilet)
	0	Waste Treatment Softener, Filter, etc.	0	Clothes Washer
	0	Grease / Oil Separator	0	Dish Washer
	0	Dental Cuspidor	0	Garbage Disposal
	0	Bidet	0	Laundry Tub
OR <input type="checkbox"/> TRANSFER FEE (\$10.00)	0	Other: _____	0	Water Heater
		Fixtures (Subtotal) Column 2	0	Fixtures (Subtotal) Column 1
			0	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
			40	Hook-Up & Relocation Fee
			40	Permit Fee
				(Total)