

PLUMBING APPLICATION

Department of Health and Human Services
Division of Environmental Health

PROPERTY ADDRESS

Town or Plantation Lamoine
Street or Subdivision Lot # 36 Falcon Ln

Town/City Lamoine Permit # 1997

Date Permit Issued 8/20/20 Fee: \$ 180 Double Fee Charged []

PROPERTY OWNER(S) NAME

Last: Haff First: Doug

Deborah D. Haff L.P.I. # 3944
Local Plumbing Inspector Signature

Applicant Name: Bruce Flood Jr

Fee: \$ 180 State/min. fee \$ _____ Locally adopted fee _____
Copy: [] Owner [] Town [] State Map # 21 Lot # 6-28 Local

Mailing Address of Owner/Applicant (if Different) 112 Ocean Rd
Marionville Me 04605

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.

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.

Bruce Flood Jr
Signature of Owner/Applicant

Date

Date Approved (Rough-in)

LPI Signature

Date Approved (Final)

PERMIT INFORMATION

This Application is for

1. NEW PLUMBING
2. RELOCATED PLUMBING

Type of Structure to be Served

1. SINGLE FAMILY RESIDENCE
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER-SPECIFY _____

Plumbing to be Installed by:

1. MASTER PLUMBER
2. OIL BURNERMAN
3. MFG'D HOUSING DEALER / MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER

LICENSE # M S P C O I O O 3 8

Hook-Up & Piping Relocation Maximum of 1 Hook-Up

Column 2 Number Type of Fixture

Column 1 Number 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"/> <u>2</u> Hosebib / Sillcock <input type="checkbox"/> <u>1</u> Floor Drain <input type="checkbox"/> Urinal <input type="checkbox"/> Drinking Fountain <input type="checkbox"/> Indirect Waste	<input type="checkbox"/> <u>1</u> Bathtub (and Shower) <input type="checkbox"/> <u>2</u> Shower (separate) <input type="checkbox"/> <u>2</u> Sink <input type="checkbox"/> <u>4</u> Wash Basin <input type="checkbox"/> <u>3</u> 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"/> Grease / Oil Separator <input type="checkbox"/> Roof Drain	<input type="checkbox"/> <u>1</u> Clothes Washer <input type="checkbox"/> <u>1</u> Dish Washer <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"/> Other: _____ <input type="checkbox"/> Fixtures (Subtotal) Column 2	<input type="checkbox"/> Laundry Tub <input type="checkbox"/> <u>1</u> Water Heater <input type="checkbox"/> <u>1</u> <u>3</u> Fixtures (Subtotal) Column 1 <input type="checkbox"/> <u>3</u> Fixtures (Subtotal) Column 2
OR		<input type="checkbox"/> <u>1</u> <u>8</u> TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE [\$10.00]		<input type="checkbox"/> <u>10</u> Fixture Fee <input type="checkbox"/> Transfer Fee
	SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE	<input type="checkbox"/> Hook-Up & Relocation Fee
		<input type="checkbox"/> <u>180</u> PERMIT FEE (TOTAL)
	<input type="checkbox"/> Owner <input type="checkbox"/> Town Copy <input type="checkbox"/> State Copy	