

PLUMBING APPLICATION

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

PROPERTY ADDRESS

City, Town, or Plantation: Lamoine
 Street or Road: 122 Butler Milk RD.
 Subdivision, Lot #:

>> CAUTION: LPI APPROVAL REQUIRED <<

LAMOINE PERMIT # 1669 TOWN COPY
 Date Permit Issued: 8/30/11 \$ 1140 If Double Fee Charged
[Signature] L.P.I. # 110111
 Local Plumbing Inspector Signature

PROPERTY OWNERS NAME

Name (last, first, MI): Merchant Robert L. Owner Applicant
 Mailing Address of Owner/Applicant: Lamoine, Me. 04605
 Daytime Tel. #: 207-667-8806

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.

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.
Robert L. Merchant Jr. 8/29/11
 Signature of Owner or Applicant Date

CAUTION: INSPECTION REQUIRED
 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
 _____ Date Approved (Rough-In)
 _____ Date Approved (Final)
 _____ Local Plumbing Inspector Signature

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 checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input 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 type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 3. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 4. <input checked="" type="checkbox"/> PROPERTY OWNER LICENSE # _____
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2	Column 1
	Number	Type of Fixture
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 OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures OR <input type="checkbox"/> TRANSFER FEE (\$6.00)	0	Hosebibb / Sillcock
	0	Floor Drain
	0	Urinal
	0	Drinking Fountain
	0	Indirect Waste
	0	Waste Treatment Softener, Filter, etc.
	0	Grease / Oil Separator
	0	Dental Cuspidor
	0	Bidet
	0	Other: _____
	Fixtures (Subtotal) Column 2	0
	Fixtures (Subtotal) Column 1	
	Total Fixtures	
	Fixture Fee	
	Transfer Fee	
	Hook-Up & Relocation Fee	40.00
	Permit Fee	
	(Total)	