

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: 6 FRANCIS DRIVE
 Subdivision, Lot #:

>> CAUTION: LPI APPROVAL REQUIRED <<

Date: 12/6/11 LAMOINE PERMIT # 1675 TOWN COPY
 Permit Issued: 12/6/11 \$ 40 if Double Fee Charged
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 110111

PROPERTY OWNERS NAME

Name (last, first, MI): Kane Michael Owner Applicant
 Mailing Address of Owner/Applicant: 512 Bayside Rd. Ellsworth Me.
 Daytime Tel. #: 207-460-5792

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 of Owner or Applicant: [Signature] Date: 12/6/11

Local Plumbing Inspector Signature: [Signature] Date Approved (Rough-In): 12/13/11
 Date Approved (Final): _____

PERMIT INFORMATION

This Application Is For 1. <input type="checkbox"/> NEW PLUMBING INSTALLATION 2. <input checked="" 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 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 # _____
	Hook-Up & Piping Relocation Maximum of 1 Hook-Up	

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2	Column 1	
	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 <input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures OR <input type="checkbox"/> TRANSFER FEE (\$6.00)	2	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 Cuspidor	
		Garbage Disposal	
		Bidet	
		Laundry Tub	
		Other: _____	
		Water Heater	
		Fixtures (Subtotal) Column 2	
	2	Fixtures (Subtotal) Column 1	
	0	Fixtures (Subtotal) Column 2	
	2	Total Fixtures	
	20.00	Fixture Fee	
		Transfer Fee	
	10.00	Hook-Up & Relocation Fee	
	40.00	Permit Fee (Total)	

min. fee