

**PLUMBING APPLICATION**

Department of Health and Human Services  
Division of Environmental Health

**PROPERTY ADDRESS**

Town or Plantation Lamoine Maine  
Street or Subdivision Lot # 6 Berry Cove Lane

Town/City LAMOINE Permit # 1226  
Date Permit Issued 4/22/14 Fee: \$ 40 Double Fee Charged [ ]  
[Signature] L.P.I. # 1040  
Local Plumbing Inspector Signature

**PROPERTY OWNER(S) NAME**

Last: Parkinson First: Bill  
Applicant Name: Broughner Builders Inc

Mailing Address of Owner/Applicant (if Different) 6 Acadia Way Ellsworth ME 04805

**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] 4/17/14  
Signature of Owner/Applicant Date

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.

[Signature]  
LPI Signature

Date Approved (Rough-in) 5-20-14  
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 # D290001037

**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"/> Hosebib / Sillcock <input type="checkbox"/> Floor Drain <input type="checkbox"/> Urinal <input type="checkbox"/> Drinking Fountain <input type="checkbox"/> Indirect Waste	<input type="checkbox"/> Bathtub (and Shower) <input type="checkbox"/> Shower (separate) <input type="checkbox"/> Sink <input type="checkbox"/> Wash Basin <input type="checkbox"/> Water Closet (Toilet)
<input checked="" 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"/> Clothes Washer <input type="checkbox"/> 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"/> Laundry Tub <input type="checkbox"/> Water Heater

**OR**

TRANSFER FEE  
[\$10.00]

**SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE**

**TOTAL FIXTURES**

40

**PERMIT FEE (TOTAL)**

Owner  Town Copy  State Copy