



PLUMBING PERMIT APPLICATION

PROPERTY ADDRESS	
Street:	Town/City PORTLAND Permit # _____
CBL:	Date Permit Issued ____ / ____ / ____ Fee: \$ _____ Double Fee Charged []
PROPERTY OWNER(S) NAME	
NAME:	L.P.I. # 360
Applicant Name:	Local Plumbing Inspector Signature _____
Mailing Address of Owner/Applicant (if Different)	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.
Owner/Applicant Statement	Caution: Inspection Required
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.	I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.
Signature of Owner/Applicant _____ Date _____	_____ Date Approved (Rough-in)
	_____ LPI Signature _____ Date Approved (Final)

PERMIT INFORMATION		
This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure to be Served 1. <input type="checkbox"/> SINGLE FAMILY RESIDENCE 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER-SPECIFY _____ Please call 874-8703 with your permit # to schedule inspections!	Plumbing to be Installed by: NAME: _____ 1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE #
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Number Type of Fixture	Column 1 Number Type of Fixture
[] HOOK-UP: to public sewer by those cases where the connection is not regulated and inspected by the local sanitary district.	[] Hosebib / Sillcock	[] Bathtub (and Shower)
	[] Floor Drain	[] Shower (separate)
	[] Urinal	[] Sink
	[] Drinking Fountain	[] Wash Basin
	[] Indirect Waste	[] Water Closet (Toilet)
[] HOOK-UP: to an existing subsurface wastewater disposal system	[] Water Treatment Softener, Filter, Etc.	[] Clothes Washer
	[] Grease / Oil Separator	[] Dish Washer
	[] Roof Drain	[] Garbage Disposal
[] PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.	[] Bidet	[] Laundry Tub
	[] Other: _____	[] Water Heater
	[] Fixtures (Subtotal) Column 2	[] Fixtures (Subtotal) Column 1
OR		[] TOTAL FIXTURES
<input type="checkbox"/> TRANSFER FEE [\$10.00]	Fees by fixture: First 4 fixtures = \$40 Over 4 = \$10/fixture + \$10 Surcharge	[] Fixture Fee [] Transfer Fee
		[] Hook-Up & Relocation Fee
Please call 874-8703 with your permit # to schedule inspections!		PERMIT FEE (TOTAL)