

PLUMBING APPLICATION

PLUMBING APPLICATION FORM

PROPERTY ADDRESS			ISSUING MUNICIPAL OFFICE		
[Address Line 1]			[Municipal Office Name]		
[Address Line 2]			[Municipal Office Address]		
PROPERTY OWNER INFORMATION			PROPERTY OWNER INFORMATION		
[Owner Name]			[Owner Address]		
[Owner Phone]			[Owner Email]		
OWNER/APPLICANT MAILING ADDRESS			FEES		
[Mailing Address]			[Fees]		
[Mailing City]			[Location]		
[Mailing State]			[Location City]		
[Mailing Zip]			[Location State]		
OWNER/APPLICANT STATEMENT			CAUTION: INSPECTION REQUIRED		
[Statement Text]			[Inspection Required Text]		
[Signature]			[Signature]		
[Date]			[Date]		

Copy: [Number] [City] [State] [Zip]

PERMIT INFORMATION

This application is for:	Type of structure to be served:	Plumbing to be installed by:
[Application Type]	[Structure Type]	[Plumbing Type]
[Application Type]	[Structure Type]	[Plumbing Type]
[Application Type]	[Structure Type]	[Plumbing Type]
[Application Type]	[Structure Type]	[Plumbing Type]

Column 1 – Hook-Up & Relocation	Column 2 – Fixtures		Column 3 – Fixtures		State of Maine Department of Health and Human Services/ Center for Disease Control and Prevention Environmental & Community Health – Subsurface Wastewater G I Y æ: I U d ^ ^ Á Ú ç æ Á P [~ ^ Á Ú ç æ } Á F F Á C E * * ç æ Á O Á E H H Á G E E I E E E Á P P O E F F Á Ú ^ ç æ Á á Á E E E F I Á
Maximum 1 Hook-Up	Type of Fixture	Qty	Type of Fixture	Qty	
[Description]	[Fixture]	[Qty]	[Fixture]	[Qty]	
[Description]	[Fixture]	[Qty]	[Fixture]	[Qty]	
[Description]	[Fixture]	[Qty]	[Fixture]	[Qty]	

Total Column 1 [] + Total Column 2 [] + Total Column 3 [] = Enter Total Fixtures / Hook-Ups Below []

PERMIT TRANSFER ONLY	Total Fixtures / Hook-Ups	[]
	Per-Fixture Fee	[]
	TOTAL PERMIT FEE	[]