

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 TOPSHAM

Street or Road _____

Subdivision, Lot # _____

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City TOPSHAM Permit # _____

Date Permit Issued ___/___/___ Fee: \$ _____ Double Fee Charged []

Local Plumbing Inspector Signature _____ L.P.I. # _____

PROPERTY OWNERS NAME

Name (last, first, MI) _____ Owner Applicant

Mailing Address of Owner/Applicant _____

Daytime Tel. # _____

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 _____ Date _____

Date Approved (Rough-In) _____

Local Plumbing Inspector Signature _____

Date Approved (Final) _____

PERMIT INFORMATION

This Application Is For 1. <input type="checkbox"/> NEW PLUMBING INSTALLATION 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served 1. <input 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 type="checkbox"/> PROPERTY OWNER LICENSE #

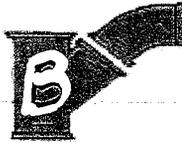
Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR <input type="checkbox"/> HOOK UP: to an existing subsurface wastewater disposal system		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures		Urinal		Sink
		Drinking Fountain		Wash Basin
<input type="checkbox"/> OR <input type="checkbox"/> TRANSFER FEE (\$6.00)		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		Fixtures (Subtotal) Column 1
				Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee
				(Total)

FIXTURE FEE: \$15

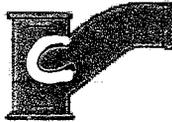
MINIMUM PERMIT FEE: \$60



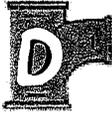
A. Wye



B. Wye and 1/8 Bend



C. Combination Wye and 1/8 Bend



D. Sanitary Tee



E. Sanitary Tapped Tee



F. Long Sweep



G. Short Sweep



H. Quarter Bend



I. 1/8 Bend



J. 1/6 Bend

Fittings for Changes of Direction of Flow

Type of Fitting	Horizontal to Vertical	Vertical to Horizontal	Horizontal to Horizontal
A Wye	x	x	x
B/C Wye and 1/8 bend or combination wye and 1/8 bend	x	x	x
D/E Sanitary Tee	x ¹	NO	NO
F Long Sweep	x	x	x
G Short Sweep	x	x	x
H Quarter Bend	x	NO	NO
I 1/8 Bend	x	x	x
J 1/6 Bend	x	x	NO

Note:

1. Approved for use where connecting horizontal branches (see Section 704.2). Prohibited for use where connecting fixture wastes or trap arms (see Section 704.2)