



**STATE OF MAINE**  
**DEPARTMENT OF PROFESSIONAL**  
**AND FINANCIAL REGULATION**  
**OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION**  
**Remodel Approval Form for Establishments**

Full Legal Name of Establishment	License Number of Establishment

Type of Remodel (Check all that apply)	
<input type="checkbox"/> <b>Change to original physical structure of the establishment</b> <i>(You must submit a proposed scaled floor plan. See Program Rule Ch. 25 (1)(4) for what your floor plan requirements)</i>	<b>Proposed Remodel Expected Start Date:</b> mm / dd / yy
<input type="checkbox"/> <b>Alteration/Addition to original floor plan</b> <i>(You must submit a proposed scaled floor plan. See Program Rule Ch. 25 (1)(4) for what your floor plan requirements)</i>	<b>Proposed Completion Date:</b> mm / dd / yy
<input type="checkbox"/> <b>Electrical Changes</b>	
<input type="checkbox"/> <b>Plumbing Changes</b>	
<input type="checkbox"/> <b>Other</b> (give brief description) _____	

Please submit this form as early as possible (at least 1 month before proposed date to begin remodel) to allow adequate time for your establishment remodel approval. You may not begin construction until this office has approved your establishment remodel.

Establishment Owners Contact Phone Number:	Establishment Owners Email Address:

Printed Name of Establishment Owner	
Signature of Establishment Owner	Date