

# PLUMBING APPLICATION

Maine DHHS/CDC – Division of Environmental & Community Health

| PROPERTY ADDRESS   |  |                               |  | ISSUING MUNICIPAL OFFICE  |  |                 |  |
|--|--|-------------------------------|--|---|--|-----------------|--|
| City, Town, or Plantation  |  |                               |  | Town/City   |  |                 |  |
| Street/Subdivision Lot #   |  |                               |  | Permit #  |  | Total Fee \$    |  |
| PROPERTY OWNER INFORMATION   |  |                               |  | Date Issued   |  | Double Fee      |  |
| Name (Last, First)   |  |                               |  |   |  |                 |  |
| Applicant Name (Last, First)   |  |                               |  | Local Plumbing Inspector Signature  |  | License #       |  |
| OWNER/APPLICANT MAILING ADDRESS  |  |                               |  | FEES  |  | State \$        |  |
| Street   |  |                               |  | Local   |  | \$              |  |
| City   |  |                               |  | LOCATION  |  | Map #           |  |
| State  |  | Zip Code                      |  |   |  | Lot #           |  |
| OWNER/APPLICANT STATEMENT  |  |                               |  | <p><b>CAUTION: INSPECTION REQUIRED</b><br/>I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.</p> |  |                 |  |
| <p>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.</p> |  |                               |  |   |  |                 |  |
| Signature of Owner/Applicant   |  | Date                          |  | LPI Signature   |  | Date (Rough-in) |  |
| Copy: Property Owner <input type="checkbox"/>  |  | Town <input type="checkbox"/> |  | State <input type="checkbox"/>  |  | Date (Final)    |  |

| PERMIT INFORMATION  |                                  |  |                       |  |  |
|---|----------------------------------|--|-----------------------|--|--|
| <b>This application is for:</b><br>New Plumbing <input type="checkbox"/><br>Relocated Plumbing <input type="checkbox"/>   |                                  | <b>Type of structure to be served:</b><br>Single Family Residence <input type="checkbox"/><br>Modular or Mobile Home <input type="checkbox"/><br>Multiple Family Dwelling <input type="checkbox"/><br>Other (specify below) <input type="checkbox"/> |                       | <b>Plumbing to be installed by:</b><br>Master Plumber <input type="checkbox"/> License # <input type="text"/><br>Oil Burner Installer <input type="checkbox"/> License # <input type="text"/><br>Mfd. Housing Rep. <input type="checkbox"/> License # <input type="text"/><br>Public Utility Rep. <input type="checkbox"/> License # <input type="text"/><br>Property Owner <input type="checkbox"/> |  |
| Column 1 – Hook-Up & Relocation   | Column 2 – Fixtures              |  | Column 3 – Fixtures   |  | <b>State of Maine</b><br>Department of Health and Human Services/<br>Center for Disease Control and Prevention<br>Environmental & Community Health –<br>Subsurface Wastewater<br>286 Water Street<br>State House Station 11<br>Augusta, ME 04333<br>207-287-2070<br>HHE-211<br>Revised 7/24/2018 |
| Maximum 1 Hook-Up   | Type of Fixture                  | Qty  | Type of Fixture       | Qty  |  |
| Hook-Up (a) <input type="checkbox"/><br><i>Hook-up to public sewer in those cases where the connection is not regulated and inspected by the local sanitary district.</i> | Hosebib/Sillcock                 |  | Bathtub (and Shower)  |  |  |
|   | Floor Drain                      |  | Shower (Separate)     |  |  |
|   | Urinal                           |  | Sink                  |  |  |
|   | Drinking Fountain                |  | Wash Basin            |  |  |
| Hook-Up (b) <input type="checkbox"/><br><i>Hook-up to a newly permitted or existing subsurface wastewater disposal system.</i>  | Indirect Waste                   |  | Water Closet (Toilet) |  |  |
|   | Treatment Softener, Filter, etc. |  | Clothes Washer        |  |  |
|   | Grease/Oil Separator             |  | Dishwasher            |  |  |
| Piping Relocation <input type="checkbox"/><br><i>Relocation of sanitary lines, drains, and piping without new fixtures.</i>   | Roof Drain                       |  | Garbage Disposal      |  |  |
|   | Bidet                            |  | Laundry Tub           |  |  |
|   | Other: <input type="text"/>      |  | Water Heater          |  |  |

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

|  |                           |  |    |
|--|---------------------------|--|----|
| <b>PERMIT TRANSFER ONLY</b> <input type="checkbox"/> \$10.00 | Total Fixtures / Hook-Ups |  |    |
|  | Per-Fixture Fee           |  | \$ |
|  | <b>TOTAL PERMIT FEE</b>   |  | \$ |