

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

Total Column 1 <input type="text"/> + Total Column 2 <input type="text"/> + Total Column 3 <input type="text"/> = Enter Total Fixtures / Hook-Ups Below	
PERMIT TRANSFER ONLY <input type="checkbox"/> \$10.00	
Total Fixtures / Hook-Ups <input type="text"/>	
Per-Fixture Fee <input type="text"/>	
<b>TOTAL PERMIT FEE</b> <input type="text"/>	