

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 style="text-align: center;">CAUTION: INSPECTION REQUIRED</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							
This application is for: New Plumbing <input type="checkbox"/> Relocated Plumbing <input type="checkbox"/>		Type of structure to be served: 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"/>			Plumbing to be installed by: 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		State of Maine 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		Type of Fixture	Qty	Type of Fixture	Qty		
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>		Hosebib/Sillcock		Bathtub (and Shower)			
		Floor Drain		Shower (Separate)			
		Urinal		Sink			
		Drinking Fountain		Wash Basin			
Hook-Up (b) <input type="checkbox"/> <i>Hook-up to an 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"/> <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 <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		
								Per-Fixture Fee		\$
								TOTAL PERMIT FEE		\$