

# 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;"><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)	
<b>Copy:</b>		Property Owner <input type="checkbox"/>		Town <input type="checkbox"/>		State <input type="checkbox"/>	
						Date (Final)	

PERMIT INFORMATION					
<b>This application is for:</b>		<b>Type of structure to be served:</b>		<b>Plumbing to be installed by:</b>	
New Plumbing <input type="checkbox"/>		Single Family Residence <input type="checkbox"/>		Master Plumber <input type="checkbox"/> License # <input type="text"/>	
Relocated Plumbing <input type="checkbox"/>		Modular or Mobile Home <input type="checkbox"/>		Oil Burner Installer <input type="checkbox"/> License # <input type="text"/>	
		Multiple Family Dwelling <input type="checkbox"/>		Mfd. Housing Rep. <input type="checkbox"/> License # <input type="text"/>	
		Other (specify below) <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	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		
Hook-Up (b) <input type="checkbox"/> <i>Hook-up to an existing subsurface wastewater disposal system.</i>	Drinking Fountain		Wash Basin		
	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  + Total Column 2  + Total Column 3  = Enter Total Fixtures / Hook-Ups Below

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