

# 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                      |  | License # |  |
| Relocated Plumbing <input type="checkbox"/> |  | Modular or Mobile Home <input type="checkbox"/>   |  | Oil Burner Installer                |  | License # |  |
|   |  | Multiple Family Dwelling <input type="checkbox"/> |  | Mfd. Housing Rep.                   |  | License # |  |
|   |  | Other (specify below) <input type="checkbox"/>    |  | Public Utility Rep.                 |  | License # |  |
|   |  |   |  | Property Owner                      |  |           |  |

| 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 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"/><br><i>Relocation of sanitary lines, drains, and piping without new fixtures.</i>   | Roof Drain                       |     | Garbage Disposal      |     |  |
|   | Bidet                            |     | Laundry Tub           |     |  |
|   | Other: <input type="checkbox"/>  |     | 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>   | <b>\$</b> |