

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				CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.			
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.							
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:		Type of structure to be served:		Plumbing to be installed by:	
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	
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	

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

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

PERMIT TRANSFER ONLY	\$10.00	Total Fixtures / Hook-Ups	
		Per-Fixture Fee	
		TOTAL PERMIT FEE	