

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) | | | | Local Plumbing Inspector Signature | | License # | |
| Applicant Name (Last, First) | | | | FEES | | State \$ | |
| OWNER/APPLICANT MAILING ADDRESS | | | | Local \$ | | LOCATION | |
| Street | | | | Map # | | Lot # | |
| City | | | | Internal plumbing fixtures and piping may not be installed until a permit is issued by the Local Plumbing Inspector. The permit authorizes the owner or installer to install the plumbing system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules. | | | |
| State | | Zip Code | | | | | |
| OWNER/APPLICANT STATEMENT | | | | CAUTION: INSPECTION REQUIRED | | | |
| 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. | | | | I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application. | | | |
| | | | | | | | |
| Date (Rough-In) | | | | Date (Final) | | | |
| Copy: Property Owner <input type="checkbox"/> | | | | Town <input type="checkbox"/> | | State <input type="checkbox"/> | |

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

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

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