

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>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: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>New Plumbing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Relocated Plumbing</td> <td><input type="checkbox"/></td> </tr> </table>		New Plumbing	<input type="checkbox"/>	Relocated Plumbing	<input type="checkbox"/>	Type of structure to be served: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Single Family Residence</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Modular or Mobile Home</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multiple Family Dwelling</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other (specify below)</td> <td><input type="checkbox"/></td> </tr> </table>		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: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Master Plumber</td> <td><input type="checkbox"/></td> <td>License #</td> <td></td> </tr> <tr> <td>Oil Burner Installer</td> <td><input type="checkbox"/></td> <td>License #</td> <td></td> </tr> <tr> <td>Mfd. Housing Rep.</td> <td><input type="checkbox"/></td> <td>License #</td> <td></td> </tr> <tr> <td>Public Utility Rep.</td> <td><input type="checkbox"/></td> <td>License #</td> <td></td> </tr> <tr> <td>Property Owner</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>		Master Plumber	<input type="checkbox"/>	License #		Oil Burner Installer	<input type="checkbox"/>	License #		Mfd. Housing Rep.	<input type="checkbox"/>	License #		Public Utility Rep.	<input type="checkbox"/>	License #		Property Owner	<input type="checkbox"/>		
		New Plumbing	<input type="checkbox"/>																																		
		Relocated Plumbing	<input type="checkbox"/>																																		
		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"/>																																				
Master Plumber	<input type="checkbox"/>	License #																																			
Oil Burner Installer	<input type="checkbox"/>	License #																																			
Mfd. Housing Rep.	<input type="checkbox"/>	License #																																			
Public Utility Rep.	<input type="checkbox"/>	License #																																			
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	<input type="checkbox"/>	Bathtub (and Shower)	<input type="checkbox"/>																																
		Floor Drain	<input type="checkbox"/>	Shower (Separate)	<input type="checkbox"/>																																
		Urinal	<input type="checkbox"/>	Sink	<input type="checkbox"/>																																
Hook-Up (b) <input type="checkbox"/> <i>Hook-up to a newly permitted or existing subsurface wastewater disposal system.</i>		Drinking Fountain	<input type="checkbox"/>	Wash Basin	<input type="checkbox"/>																																
		Indirect Waste	<input type="checkbox"/>	Water Closet (Toilet)	<input type="checkbox"/>																																
		Treatment Softener, Filter, etc.	<input type="checkbox"/>	Clothes Washer	<input type="checkbox"/>																																
Piping Relocation <input type="checkbox"/> <i>Relocation of sanitary lines, drains, and piping without new fixtures.</i>		Grease/Oil Separator	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>																																
		Roof Drain	<input type="checkbox"/>	Garbage Disposal	<input type="checkbox"/>																																
		Bidet	<input type="checkbox"/>	Laundry Tub	<input type="checkbox"/>																																
		Other: <input type="checkbox"/>	<input type="checkbox"/>	Water Heater	<input type="checkbox"/>																																
Total Column 1 <input type="checkbox"/> +		Total Column 2 <input type="checkbox"/> +		Total Column 3 <input type="checkbox"/> = Enter Total Fixtures / Hook-Ups Below																																	
PERMIT TRANSFER ONLY <input type="checkbox"/> \$10.00				Total Fixtures / Hook-Ups		<input type="checkbox"/>																															
				Per-Fixture Fee		\$																															
				TOTAL PERMIT FEE		\$																															

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