

# 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> New Plumbing <input type="checkbox"/> Relocated Plumbing <input type="checkbox"/>		<b>Type of structure to be served:</b>		<b>Plumbing to be installed by:</b>	
		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 # <input type="text"/> Oil Burner Installer <input type="checkbox"/> License # <input type="text"/> Mfd. Housing Rep. <input type="checkbox"/> License # <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	
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	
Piping Relocation <input type="checkbox"/> <i>Relocation of sanitary lines, drains, and piping without new fixtures.</i>		Grease/Oil Separator		Dishwasher	
		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 <input type="text"/> +		Total Column 2 <input type="text"/> +		Total Column 3 <input type="text"/> =		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>	