PLUMBING APPLIC		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	\$		Local	Local \$			
Street				LOCATION	Ma	ap #		Lot #				
City				ternal plumbing								
State Zip Code				issued by the Local Plumbing Inspector. The permit authorizes the owner or installer to install the plumbing system in accordance with this								
OWNER/APPLI		application and the Maine Subsurface Wastewater Disposal Rules.										
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.				CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.								
Signature of Owner/Appli		LPI Signature					Date (Rough-In)					
Сор	y: Property	/ Owner Town		State					Date	e (Final)		
		PERMIT IN	IFORM	ATION								
This application is for:	Type of	structure to be served	:	Plumbir				g to be installed by:				
New Plumbing	Sin	Single Family Residence			Master Plumber			License #				
Relocated Plumbing	Мос	Modular or Mobile Home			Oil Burner Installer			License #				
	Mu	Multiple Family Dwelling			Mfd. Housing Rep.			License #				
	(	Other (specify below)		Public L	Jtility Re	p.	Lice	ense #				
				Property Owner								
Column 1 – Hook-Up & Relocatio	n	Column 2 – Fixtures		Column 3 – Fixtures			s					
Maximum 1 Hook-Up	Ту	Type of Fixture		Type of Fixture		Qty	Sta	ate of	Main	ie		
Hook-Up (a)		Hosebib/Sillcock		Bathtub (and Shower)				Department of Health Human Services				
Hook-up to public sever in those cas where the connection is not regulated and inspected by the local sanitary district.		Floor Drain		Shower (Separate)				Center	Center for Disease Con			
		Urinal		Sink						ention		
		Drinking Fountain		Wash Basin			1	Com	<ul> <li>Environmental &amp;</li> <li>Community Health –</li> <li>Subsurface Wastewater</li> </ul>			
Hook-Up (b)		Indirect Waste		Water Closet (Toilet)								
Hook-up to an existing subsurface wastewater disposal system.	Treatme	Treatment Softener, Filter, etc.			Clothes Washer			286 Water Street State House Station 11				
		Grease/Oil Separator			Dishwasher				gusta, N 207-287	/IE 0433 7-2070	33	
Piping Relocation		Roof Drain			Garbage Disposal							
Relocation of sanitary lines, drains, and piping without new fixtures.		Bidet		Laundry Tub				HHE-211 Revised 7/24/2018				
	Other:	Other:			Water Heater							
Total Column 1	+	Total Column 2		+	Total Co	olumn 3	3			tal Fixt s Belov		
		Total Fixtures / H				Hook-Ups						
PERMIT					Per-F	Per-Fixture Fee						
		TOTAL PERMIT										