Maximum 1 Hook-Up  Type of Fixture  Qty  Type of Fixture  Qty  State of Maine  Department of Health an Human Services/ Center for Disease Contra and Prevention  Environmental & Community Health — Subsurface stewater disposal system.  Type of Fixture  Qty  Type of Fixture  Qty  Type of Fixture  Qty  State of Maine  Department of Health an Human Services/ Center for Disease Contra and Prevention  Environmental & Community Health — Subsurface Stewater disposal system.  Treatment Softener, Filter, etc.  Grease/Oil Separator  Roof Drain  Garbage Disposal  HHE 211	PLUME	BING APPLIC	CATION			Maine DHI	HS/CDC	– Divisi	on of Env	/ironment	al & Co	mmur	nity Heal	
Permit #   Property Owner   Name (Last, First)   Local Plumbing Inspector Signature   License #	PROPERTY ADDRESS						ISSUI	NG MU	JNICIPA	AL OFFIC	CE			
PROPERTY OWNER INFORMATION  Date Issued  Double Fee  Name (Last, First)  Applicant Name (Last, First)  OWNER/APPLICANT MAILING ADDRESS  FEES  Street  Local Plumbing inspector Signature  License #  Local Local Plumbing inspector Signature  License #  Location Map #  Lot #  Local Loc	City, Town, or Plantation					Town/City								
Name (Last, First)  Applicant Name (Last, First)  CWNER/APPLICANT MAILING ADDRESS  Street  City  State  City  State  Commission of the state of the	Street/Subdivision Lot #					Permit #				Total Fe	e \$			
Applicant Name (Last, First)  OWNER/APPLICANT MAILING ADDRESS  Street  LOCATION Map # Lot	PROPERTY OWNER INFORMATION					Date Issued	34.10-	***		Doub	le Fee	$\prod$		
Street   State   Sta		Name (Last, First)										1 1		
Street   LOATION   Map #   Lof#   Lof#	Applicant Name (Last, First)					Local Plumbing Inspector Signature License #							e #	
City	OWNER/APPLICANT MAILING ADDRESS					FEES State \$ L					al \$	- N		
State	Street					LOCATION	Ma	ар#		Lot #				
OWNER/APPLICANT STATEMENT  OWNER/APPLICANT STATEMENT  Cartify 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  Copy: Property Owner Town State  PERMIT INFORMATION  Type of structure to be served:  New Plumbing Other (specify below)  Other (specify below)  Maximum 1 Hook-Up & Relocation  Ok-Up (a)  Maximum 1 Hook-Up  Maximum 1 Hook-U	City				In	ternal plumbing	fixtures	and pip	ing may i	not be ins	talled ι	ıntil a	permit is	
Coertify that the information submitted is correct to the best of my knowledge and understand that any flasification is reason for the Local Plumbing inspector(s) to deny a permit.  Signature of Owner/Applicant Date LPI Signature Dete (Rough-In)  Signature of Owner/Applicant Date LPI Signature Dete (Rough-In)  PERMIT INFORMATION  This application is for:  New Plumbing Multiple Family Dwelling Other (specify below)  Public Utility Rep.  Addition of Fixture Department of House Served:  Maximum 1 Hook-Up & Relocation Column 2 – Fixtures  Solumn 1 – Hook-Up & Relocation Solution is not cases are the connection is not regulated in inspected by the local sanitary find.  Drinking Fountain Point Marker Plumber License # Districts of Maximum 1 Hook-Up Type of Fixture Qty Type of Fixture Qty Type of Fixture Qty Type of Fixture Operation Shower (Separate) Column 1 – Hook-Up & Relocation In not regulated in inspected the installed by:  Single Family Dwelling Master Plumber License # Districts Plumber Department of Health Public Utility Rep. License # Districts Plumber Department of Health Public Plumber Plumbing to be installed by:  Single Family Dwelling Master Plumber License # Districts Plumber Districts Plu	State		Zip Cod	de	IS:	or installer to install the plumbing system in accordance with this								
Inspector (s) to deny a permit.    Copy: Property Owner		OWNER/APPL	ICANT STATI	EMENT		application an	d the Ma	ine Sub	surface V	Vastewate	er Disp	osal R	Rules.	
PERMIT INFORMATION  This application is for: New Plumbing Blocated		erstand that any falsific	cation is reason	for the Local Plumbing		have inspected	the inst	allation	authorize	ed above a	and for	and it t ation.	o be in	
PERMIT INFORMATION  This application is for: New Plumbing Blocated														
PERMIT INFORMATION  This application is for: New Plumbing Single Family Residence Multiple Family Dwelling Other (specify below)  Other (specify below)  Maximum 1 Hook-Up & Relocation  Maximum 1 Hook-Up & Type of Fixture  Ok-Up (a) Hosebib/Silicook Bathtub (and Shower)  Other by bilic sewer in those cases are the connection is not regulated in specied by the local sanilary rinct.  Drinking Fountain Wash Basin  Ok-Up (b) Indirect Waste Water Closet (Toliet)  Ok-Up (c) Indirect Waste Water Closet (Toliet)  Other: Total Column 1 + Total Column 2 + Total Column 3 = Enter Total Fixtures  Total Column 1 + Total Column 2 + Total Column 3   Per-Fixture Fee    Permit INFORMATION  Plumbing to be installed by:  Master Plumber License #    Plumbing to be installed by:  Master Plumber License #    Dil Burner Installer License #    Dil Licen	Signature of Owner/Applicant Date					LPI Signature					Date (Rough-In)			
PERMIT INFORMATION  This application is for: New Plumbing Single Family Residence Multiple Family Dwelling Other (specify below)  Other (specify below)  Maximum 1 Hook-Up & Relocation  Maximum 1 Hook-Up & Type of Fixture  Ok-Up (a) Hosebib/Silicook Bathtub (and Shower)  Other by bilic sewer in those cases are the connection is not regulated in specied by the local sanilary rinct.  Drinking Fountain Wash Basin  Ok-Up (b) Indirect Waste Water Closet (Toliet)  Ok-Up (c) Indirect Waste Water Closet (Toliet)  Other: Total Column 1 + Total Column 2 + Total Column 3 = Enter Total Fixtures  Total Column 1 + Total Column 2 + Total Column 3   Per-Fixture Fee    Permit INFORMATION  Plumbing to be installed by:  Master Plumber License #    Plumbing to be installed by:  Master Plumber License #    Dil Burner Installer License #    Dil Licen		Co	nv: Prope	ty Owner Towr	,	State	1							
This application is for:  New Plumbing  Single Family Residence  Modular or Mobile Home  Multiple Family Dwelling  Other (specify below)  Maximum 1 Hook-Up & Relocation  Maximum 1 Hook-Up & Relocation  Maximum 1 Hook-Up & Type of Fixture  Maximum 1 Hook-Up & Hosebib/Sillcock  Maximum 1 Hook-Up & Fixture  Discussed Bathtub (and Shower)  Urinal Shower (Separate)  Dirinking Fountain  Divinking Fountain  Divinking Fountain  Divinking subsurface  State of Maine  Department of Health and Human Services?  Center for Disease Contra and Prevention  Environmental & Community Health - Subsurface Stewaler disposal system.  Grease/Oil Separator  Dishwasher  Grease/Oil Separator  Dother:  Total Column 1 + Total Column 2 + Total Column 3 = Enter Total Fixture Fee  Property Owner  Oil Burner Installer  License #  Dil Burner Installer  License #  Mid. Housing Rep.  License #  Property Owner  Column 3 – Fixtures  Property Owner  Column 3 – Fixtures  State of Maine  Department of Health and Human Services?  Center for Disease Contra and Prevention  Environmental & Community Health - Subsurface  Subsurface Wastewater  Subsurface Wastewater  State House Station 11  Augusta, Mc 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	167		py. Flope	ty Owner Town	· []	State					Da	ite (Fir	nal)	
New Plumbing   Single Family Residence   Modular or Mobile Home   Modular or Mobile Home   Miltiple Family Dwelling   Other (specify below)   Public Utility Rep. License #   Public Utility Rep. License #   Public Utility Rep. License #   Property Owner   License #   Lic				PERMIT IN	IFORM	ATION								
Modular or Mobile Home  Multiple Family Dwelling  Other (specify below)  Other (specify below)  Other (specify below)  Other (specify below)  Doll Burner Installer  Mid. Housing Rep. License #  Public Utility Rep. License #  Property Owner  Column 1 – Hook-Up & Relocation  Column 2 – Fixtures  Column 3 – Fixtures  Maximum 1 Hook-Up  Type of Fixture  Ok-Up (a)  Hosebib/Sillcock  Bathtub (and Shower)  Shower (Separate)  Other (specify below)  Department of Health an Human Services/ Center for Disease Contrand Prevention  and Prevention  Environmental & Community Health Subsurface 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  PERMIT TRANSFER ONLY  S10.00  Per-Fixture Fee	This application is for: Type of structure to be served:					Plumbing to be installed by:								
Multiple Family Dwelling Other (specify below)  Property Owner  Column 1 – Hook-Up & Relocation  Column 2 – Fixtures  Type of Fixture  Qty Type of Fixture Qty Type of Fixture Qty Bathtub (and Shower) Shower (Separate) Department of Health an Human Services/ Center for Disease Contra and Prevention Sink Drinking Fountain Urinal Urinal Drinking Fountain Urinal Urinal Drinking Fountain Urinal Drinking Fountain Urinal Urinal Drinking Fountain Urinal Urinal Drinking Fountain Urinal Urina	New Plumbing		Si	Single Family Residence		Master Plumber			Licer	License #				
Other (specify below)  Public Utility Rep.  License #  Property Owner  Column 1 – Hook-Up & Relocation  Column 2 – Fixtures  Maximum 1 Hook-Up  Type of Fixture  Qty  Type of Fixture  Qty  Type of Fixture  Qty  Type of Fixture  Ock-Up (a)  Hosebib/Sillcock  Bathtub (and Shower)  Hosebib/Sillcock  Bathtub (and Shower)  Bathtub (and Shower)  Content of Pixture  Department of Health an Human Services/ Center for Disease Control and Prevention  Environmental & Community Health — Subsurface State House Station 11  Augusta, ME 04333  207-287-2070  HHE-211  Revised 7/24/2018  Total Column 1  Public Utility Rep.  License #  Property Owner  Column 3 – Fixtures  Column 4 – Hook-Up State of Maine  Department of Health an Human Services/ Center for Disease Control and Prevention  Environmental & Community Health — Subsurface 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  Total Fixtures / Hook-Ups Below  Total Fixture Fee	Relocated Pl	umbing	Me	Multiple Family Dwelling		Oil Burner Installer			Licen	ise#	100		7	
Property Owner  Column 1 – Hook-Up & Relocation  Maximum 1 Hook-Up  Type of Fixture  Ok-Up (a)  Hosebib/Sillcock  Floor Drain  Drinking Fountain  Ok-Up (b)  Indirect Waste  Treatment Softener, Filter, etc.  Grease/Oil Separator  Grease/Oil Separator  Total Column 1  Property Owner  Column 3 – Fixtures  Column 3 – Fixtures  Column 3 – Fixtures  Qty  Type of Fixture  Qty  State of Maine  Department of Health and Human Services/ Center for Disease Contra and Prevention  Environmental & Community Health – Subsurface State House Station 11  Augusta, ME 04333  207-287-2070  HHE-211  Revised 7/24/2018  Per-Fixtures  Fook-Ups Below  Total Fixtures / Hook-Ups  Per-Fixture Fee			М			Mfd. Hou	sing Rep	Rep. License #		ise#			1	
Maximum 1 Hook-Up & Relocation  Column 2 – Fixtures  Maximum 1 Hook-Up & Type of Fixture  Ok-Up (a)  Ok-Up (a)  Ok-Up to public sewer in those cases over the connection is not regulated inspected by the local sanitary trict.  Drinking Fountain  Ok-Up (b)  Indirect Waste  Treatment Softener, Filter, etc.  Grease/Oil Separator  Grease/Oil Separator  Other:  Total Column 1  PERMIT TRANSFER ONLY  Type of Fixture  Qty  State of Maine  Department of Health an Human Services/ Center for Disease Contra and Prevention  Environmental & Community Health – Subsurface Wastewater  286 Water Street  State to Maine  Department of Health an Human Services/ Center for Disease Contra 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  Per-Fixture Fee						Public U	tility Rep.		Licen	ise#			1	
Maximum 1 Hook-Up  Type of Fixture  Qty  Type of Fixture  Qty  State of Maine  Department of Health an Human Services/ Center for Disease Contra and Prevention  Environmental & Committy Health - Subsurface State House Station 11  Augusta, ME 04333  207-287-2070  Grease/Oil Fixture  Total Column 1  PERMIT TRANSFER ONLY  State of Maine  State of Maine  Department of Health an Human Services/ Environment of Health and Human Services/ Center for Disease Contra and Prevention  By Upinal Shower (Separate)  Center for Disease Contra and Prevention  Environmental & Committy Health - Subsurface State House Station 11  Augusta, ME 04333  207-287-2070  HHE-211  Revised 7/24/2018  Total Column 1  PERMIT TRANSFER ONLY  \$10,000  Per-Fixture Fee  Per-Fixture Fee						Proper	ty Owne	r						
Department of Health an Human Services/ Center for Disease Control and Prevention Indirect Waste Stewater disposal system.  Total Column 1  Hosebib/Sillcock  Bathtub (and Shower)  Bathtub (and Showe	Column 1 – Hook-Up & Relocation Column 2 – Fixtures					Colu	mn 3 – I	ixtures						
A per public sewer in those cases are the connection is not regulated inspected by the local sanitary trict.  Drinking Fountain  Environmental & Community Health – Subsurface Wastewater  286 Water Street State House Station 11  Augusta, ME 04333  207-287-2070  HHE-211  Revised 7/24/2018  Drinking Fountain  Drinking Fountain  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  Per-Fixture Fee	Maxi	mum 1 Hook-Up	1	Type of Fixture (		Type of Fixture			Qty	St	ate c	of Ma	ine	
Center for Disease Contrand Prevention Environmental & Shower (Separate)  Urinal Sink Drinking Fountain  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  Total Fixtures / Hook-Ups  Per-Fixture Fee	ook-Up (a)			Hosebib/Sillcock		Bathtub (and Shower)								
Drinking Fountain   Wash Basin   Environmental & Community Health - Subsurface   Stewater disposal system.   Treatment Softener, Filter, etc.   Clothes Washer   State House Station 11   Augusta, ME 04333   207-287-2070				Floor Drain		Shower (Separate)				Human Services/ Center for Disease Contro and Prevention				
Drinking Fountain  Wash Basin  Community Health – Subsurface Wastewater  286 Water Street State House Station 11  Augusta, ME 04333 207-287-2070  HHE-211  Revised 7/24/2018  Persent Total Column 1  Total Column 1  Total Column 2  Persent Total Fixtures  Hook-Ups  Per-Fixture Fee  Persent Total Fixtures Fee	nd inspected		d	Urinal		Sink								
Treatment Softener, Filter, etc.   Clothes Washer   State House Station 11	strict.			Drinking Fountain		Wash Basin								
Treatment Softener, Filter, etc.  Grease/Oil Separator  Grease/Oil Separator  Grease/Oil Separator  Food Drain  Grease/Oil Separator  Grease/Oil Separator  Food Drain  Fo	look-Up (b)			Indirect Waste		Water Closet (Toilet)								
Grease/Oil Separator  Grease/Oil Separator  Roof Drain  Garbage Disposal  HHE-211  Revised 7/24/2018  Total Column 1 + Total Column 2 + Total Column 3 = Enter Total Fixtures  PERMIT TRANSFER ONLY \$10.00  Possible Separator  Roof Drain  Garbage Disposal  HHE-211  Revised 7/24/2018  Augusta, ME 04333 207-287-2070  HHE-211  Revised 7/24/2018  Total Column 3 = Enter Total Fixtures Hook-Ups Below  Total Fixtures / Hook-Ups  Per-Fixture Fee			Treatm	Treatment Softener, Filter, etc.						State House Station 11 Augusta, ME 04333				
Roof Drain   Garbage Disposal   HHE-211   Revised 7/24/2018    Total Column 1	astewater di	sposai system.		Grease/Oil Separator		Dishwasher								
Octation of sanitary lines, drains, a piping without new fixtures.  Other:  Total Column 1 + Total Column 2 + Total Column 3 = Enter Total Fixtures Hook-Ups Below  Total Fixtures / Hook-Ups  PERMIT TRANSFER ONLY \$10.00  Per-Fixture Fee	iping Relocation			Roof Drain		Garbage Disposal							U	
Total Column 1 + Total Column 2 + Total Column 3 = Enter Total Fixtures Hook-Ups Below  Total Fixtures / Hook-Ups  PERMIT TRANSFER ONLY \$10.00  Per-Fixture Fee	elocation of sanitary lines, drains,			Bidet		Laundry Tub				N				
PERMIT TRANSFER ONLY \$10.00  Total Column 3 Hook-Ups Below  Total Fixtures / Hook-Ups  Per-Fixture Fee	iu pipirig Witi	nout new fixtures.	Other:	Other:		Water Heater								
PERMIT TRANSFER ONLY \$10.00 Per-Fixture Fee	Total C	Column 1	+	Total Column 2		] + 1	otal Col	lumn 3	. 3	_				
PERMIT TRANSFER ONLY \$10.00 Per-Fixture Fee							To	tal Fixt	ures / Ha	ook-Uns				
		PERMIT	TRANSFER (	NLY \$10.00										
						TOTA								