

PLUMBING APPLICATION

Maine DHHS/CDC – Division of Environmental & Community Health

PROPERTY ADDRESS (Where work is being done)				ISSUING MUNICIPAL OFFICE					
Street Address/Subdivision Lot #				Town/City	The Town of York				
PROPERTY OWNER NAME / MAILING ADDRESS				Permit #			Total Fee \$		
Name (Last, First)				Date Issued			Double Fee		
Street									
City		State		zip					
PLUMBER NAME / MAILING ADDRESS				FEES	State \$	Local \$			
Name (Last, First)				LOCATION	Map #	Lot #			
Street				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.					
City		State						Zip	
Phone									
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.					
Signature of Owner/Applicant		Date		LPI Signature		Date (Below Slab)			
Copy: Property Owner <input type="checkbox"/>		Town <input type="checkbox"/>		LPI Signature		Date (Rough-In)			
		State <input type="checkbox"/>		LPI Signature		Date (Final)			
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 # <input type="text"/>			
Relocated Plumbing <input type="checkbox"/>		Modular or Mobile Home <input type="checkbox"/>		Oil Burner Installer <input type="checkbox"/>		License # <input type="text"/>			
		Multiple Family Dwelling <input type="checkbox"/>		Mfd. Housing Rep. <input type="checkbox"/>		License # <input type="text"/>			
		Other (specify below) <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		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		Type of Fixture				Qty	
Hook-Up (a) <input type="checkbox"/>		Hosebib/Sillcock		Bathtub (and Shower)					
Hook-up to public sewer in those cases Where the connection is not regulated And inspected by the local sanitary district		Floor Drain		Shower (Separate)					
		Urinal		Sink					
		Drinking Fountain		Wash Basin					
Hook-Up (b) <input type="checkbox"/>		Indirect Waste		Water Closet (Toilet)					
Hook-up to an existing subsurface Wastewater disposal system.		Treatment Softener, Filter, etc.		Clothes Washer					
		Grease/Oil Separator		Dishwasher					
		Roof Drain		Garbage Disposal					
Piping Relocation <input type="checkbox"/>		Bidet		Laundry Tub					
Relocation of sanitary lines, drains, And piping without new fixtures.		Other: <input type="text"/>		Water Heater					
Total Column 1 <input type="text"/>		Total Column 2 <input type="text"/>		Total Column 3 <input type="text"/>		Enter Total Fixtures/ Hook-Ups Below			
PERMIT TRANSFER ONLY <input type="checkbox"/> \$12.00				Total Fixtures / Hook-Ups					
				Per-Fixture Fee		\$12.00			
				TOTAL PERMIT FEE					