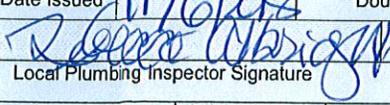


PLUMBING APPLICATION

Maine DHHS/CDC – Division of Environmental & Community Health

PROPERTY ADDRESS				ISSUING MUNICIPAL OFFICE			
City, Town, or Plantation		Lamoine		Town/City		Lamoine	
Street/Subdivision Lot #		20 Tall Pine Drive		Permit #		1928	
PROPERTY OWNER INFORMATION Name (Last, First) Warner, Jeff/Nancy Applicant Name (Last, First) Doucette, Michael				Total Fee		\$ 40.00	
				Date Issued		11/6/18	
OWNER/APPLICANT MAILING ADDRESS Street 115 Reeves Rd. City Bradford State ME Zip Code 04410				Local Plumbing Inspector Signature		 License # 394	
				FEES State		\$ 30.00	
OWNER/APPLICANT STATEMENT 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.				LOCATION Map #		3	
				Lot #		19-2-B	
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.				CAUTION: INSPECTION REQUIRED			
				Signature of Owner/Applicant		 Date 11/1/18	
Copy: Property Owner <input type="checkbox"/> Town <input type="checkbox"/> State <input type="checkbox"/>				Date (Final)			

PERMIT INFORMATION					
This application is for: New Plumbing <input type="checkbox"/> Relocated Plumbing <input type="checkbox"/>		Type of structure to be served: Single Family Residence <input type="checkbox"/> Modular or Mobile Home <input checked="" type="checkbox"/> Multiple Family Dwelling <input type="checkbox"/> Other (specify below) <input type="checkbox"/>		Plumbing to be installed by: Master Plumber <input checked="" type="checkbox"/> License # MS9000987 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		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	Qty	Type of Fixture	Qty	
Hook-Up (a) <input type="checkbox"/> 1 <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)		
Hook-Up (b) <input type="checkbox"/> <i>Hook-up to an existing subsurface wastewater disposal system.</i>	Floor Drain		Shower (Separate)		
	Drinking Fountain		Sink		
Piping Relocation <input type="checkbox"/> <i>Relocation of sanitary lines, drains, and piping without new fixtures.</i>	Indirect Waste		Wash Basin		
	Treatment Softener, Filter, etc.		Water Closet (Toilet)		
	Grease/Oil Separator		Clothes Washer		
	Roof Drain		Dishwasher		
	Bidet		Garbage Disposal		
	Other:		Laundry Tub		
			Water Heater		

Total Column 1 + Total Column 2 + Total Column 3 = Enter Total Fixtures / Hook-Ups Below

PERMIT TRANSFER ONLY <input type="checkbox"/> \$10.00	Total Fixtures / Hook-Ups	1
	Per-Fixture Fee	\$
	TOTAL PERMIT FEE	\$ 40.00