

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 #		Tildenway lot #2		Permit #		1962	
PROPERTY OWNER INFORMATION				Date Issued		7-3-19	
Name (Last, First)		Andrews, Holly		Local Plumbing Inspector Signature		394	
Applicant Name (Last, First)		Andrews, Holly Roadmarker velt		License #		394	
OWNER/APPLICANT MAILING ADDRESS				FEEES		State \$ 10	
Street		133 Butter milk RD		Local		\$ 30	
City		Lamoine		LOCATION		Map # 3	
State		ME 04605 Zip Code		Lot #		18-24	
OWNER/APPLICANT STATEMENT				CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.			
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.							
Signature of Owner/Applicant		Date		LPI Signature		Date (Rough-In)	
		6-27-19					
Copy: Property Owner <input type="checkbox"/> Town <input type="checkbox"/> State <input checked="" type="checkbox"/>				Date (Final)			

PERMIT INFORMATION					
This application is for: New Plumbing <input checked="" 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 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 checked="" 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 checked="" 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		
	Drinking Fountain		Wash Basin		
Hook-Up (b) <input type="checkbox"/> <i>Hook-up to an existing subsurface wastewater disposal system.</i>	Indirect Waste		Water Closet (Toilet)		
	Treatment Softener, Filter, etc.		Clothes Washer		
	Grease/Oil Separator		Dishwasher		
Piping Relocation <input type="checkbox"/> <i>Relocation of sanitary lines, drains, and piping without new fixtures.</i>	Roof Drain		Garbage Disposal		
	Bidet		Laundry Tub		
	Other:		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	\$ 40
	Per-Fixture Fee	\$
	TOTAL PERMIT FEE	\$ 40