# PLUMBING APPLICATION HHE-211

Maine CDC Drinking Water Program / Subsurface Wastewater

| PROPERTY ADDRESS | |
|---|---|
| Street / Subdivision Lot # | 91 Dewey's Lane |

| PROPERTY OWNER INFORMATION | |
|---|---|
| Name (Last, First) | Spevetz, Antoinette |
| Applicant Name (Last, First) | Spevetz, Antoinette |

| OWNER/APPLICANT CONTACT INFORMATION | | | | | |
|---|---|---|---|---|---|
| Street | 91 Dewey's Lane | | | | |
| City | Lamoine | | | | |
| State | ME | Zip Code | 04605 | Phone | 8567453258 |
| Email | spevetz-antoinette@cooperhealth.edu | | | | |

| ISSUING MUNICIPAL OFFICE | | | |
|---|---|---|---|
| Town / City | Lamoine | | |
| Permit # | 25-46 | Total Fee | $ 110 |
| Date Issued | 9/16/25 | Double Fee | |
| Local Plumbing Inspector Signature | | License # | 394 |
| FEES State | $ 127.50 | Local | $ 82.50 |
| LOCATION Map # | 11 | Lot # | 83 |

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.

**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.

Owner/Applicant Signature: [signature] Date: 9/18/25

**CAUTION: INSPECTION REQUIRED**

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.

LPI Signature | Date (Rough-In)

Date (Final)

Copy: Property Owner ☐ Town ☐ State ☐

## PERMIT INFORMATION

| This application is for: | | Type of structure to be served: | | Plumbing to be installed by: | | | |
|---|---|---|---|---|---|---|---|
| New Plumbing | X | Single Family Residence | X | Master Plumber | | License # | |
| Relocated Plumbing | | Modular or Mobile Home | | Mfd. Housing Rep. | | License # | |
| HUD Homes (permanent frame) | | Multiple Family Dwelling | | Property Owner | X | | |
| Certified Modular Home | | Other (specify below) | | | | | |

| Column 1 – Hook-Up & Relocation | Column 2 – Fixtures | | Column 3 – Fixtures | |
|---|---|---|---|---|
| Maximum 1 Hook-Up | Type of Fixture | Qty | Type of Fixture | Qty |
| Hook-Up (a) ☐ *Hook-up to public sewer in those cases where the connection is not regulated and inspected by the local sanitary district.* | Treatment Softener, Filter, etc. | 1 | Bathtub (and Shower) | 1 |
| | Hosebib/Sillcock | 1 | Shower (Separate) | 0 |
| | Floor Drain | — | Sink | 2 |
| | Urinal | — | Wash Basin | 0 |
| Hook-Up (b) X *Hook-up to a newly permitted or existing subsurface wastewater disposal system.* | Drinking Fountain | — | Water Closet (Toilet) | 2 |
| | Indirect Waste | — | Clothes Washer | 0 |
| | Grease/Oil Separator | — | Dishwasher | 1 |
| Piping Relocation ☐ *Relocation of sanitary lines, drains, and piping without new fixtures within the structure.* | Roof Drain | — | Garbage Disposal | 0 |
| | Bidet | — | Laundry Tub | 0 |
| | Other: | | Water Heater | 1 |

**State of Maine**

**Department of Health and Human Services/ Center for Disease Control and Prevention**

**Environmental & Community Health • Drinking Water Program • Subsurface Wastewater**

286 Water Street
State House Station 11
Augusta, ME 04333
207-287-2070

**HHE-211**
Revised 3/7/2024

Total Column 1: 01 + Total Column 2: 2 + Total Column 3: 8 = Enter Total Fixtures / Hook-Ups Below

PERMIT TRANSFER ONLY ☐ $10.00

| | |
|---|---|
| Total Fixtures / Hook-Ups | 0 $110 |
| Per-Fixture Fee | $ |
| TOTAL PERMIT FEE | $ 0.00 |