

PLUMBING APPLICATION

Maine DHHS/CDC – Division of Environmental & Community Health

PROPERTY ADDRESS				ISSUING MUNICIPAL OFFICE			
City, Town, or Plantation		Bath		Town/City		Bath	
Street/Subdivision Lot #				Permit #		Total Fee \$	
PROPERTY OWNER INFORMATION				Date Issued		Double Fee	
Name (Last, First)							
Applicant Name (Last, First)				Local Plumbing Inspector Signature		License #	
OWNER/APPLICANT MAILING ADDRESS				FEES		State \$	
Street				Local		\$	
City				LOCATION		Map #	
State		Zip Code		Lot #			
OWNER/APPLICANT STATEMENT				<p>CAUTION: INSPECTION REQUIRED</p> <p>I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules Application.</p>			
<p>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.</p>							
<p>Signature of Owner/Applicant _____ Date _____</p> <p>Phone Number: _____</p>							
<p>Copy: Applicant/Owner <input type="checkbox"/> Town <input type="checkbox"/> State <input type="checkbox"/></p>				<p>Date (Final) _____</p>			

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 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 # _____ 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		
Maximum 1 Hook-Up		Type of Fixture		Type of Fixture		
Hook-Up (a) <input 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 <input type="checkbox"/>		Bathtub (and Shower) <input type="checkbox"/>		
		Floor Drain <input type="checkbox"/>		Shower (Separate) <input type="checkbox"/>		
		Urinal <input type="checkbox"/>		Sink <input type="checkbox"/>		
		Drinking Fountain <input type="checkbox"/>		Wash Basin <input type="checkbox"/>		
Hook-Up (b) <input type="checkbox"/> <i>Hook-up to an existing subsurface wastewater disposal system.</i>		Indirect Waste <input type="checkbox"/>		Water Closet (Toilet) <input type="checkbox"/>		
		Treatment Softener, Filter, etc. <input type="checkbox"/>		Clothes Washer <input type="checkbox"/>		
		Grease/Oil Separator <input type="checkbox"/>		Dishwasher <input type="checkbox"/>		
Piping Relocation <input type="checkbox"/> <i>Relocation of sanitary lines, drains, and piping without new fixtures.</i>		Roof Drain <input type="checkbox"/>		Garbage Disposal <input type="checkbox"/>		
		Bidet <input type="checkbox"/>		Laundry Tub <input type="checkbox"/>		
		Other: <input type="checkbox"/>		Water Heater <input type="checkbox"/>		
Total Column 1 <input type="text"/> +		Total Column 2 <input type="text"/> +		Total Column 3 <input type="text"/> = <input type="text"/>		
PERMIT TRANSFER ONLY <input type="checkbox"/> \$10.00						\$12 Per-Fixture/\$50 min Fee \$
						Inspection Deposit \$
						TOTAL PERMIT FEE \$

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