

# PLUMBING APPLICATION

Maine DHHS/CDC – Division of Environmental & Community Health

PROPERTY ADDRESS				ISSUING MUNICIPAL OFFICE			
City, Town, or Plantation				Town/City			
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 \$		Local \$	
Street				LOCATION Map #		Lot #	
City				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.			
State		Zip Code					
OWNER/APPLICANT STATEMENT				<b>CAUTION: INSPECTION REQUIRED</b> 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)	
Copy: Property Owner <input type="checkbox"/>		Town <input type="checkbox"/>		State <input type="checkbox"/>		Date (Final)	

PERMIT INFORMATION																																
This application is for:		Type of structure to be served:		Plumbing to be installed by:																												
<table border="1" style="width:100%;"> <tr><td>New Plumbing</td><td><input type="checkbox"/></td></tr> <tr><td>Relocated Plumbing</td><td><input type="checkbox"/></td></tr> </table>		New Plumbing	<input type="checkbox"/>	Relocated Plumbing	<input type="checkbox"/>	<table border="1" style="width:100%;"> <tr><td>Single Family Residence</td><td><input type="checkbox"/></td></tr> <tr><td>Modular or Mobile Home</td><td><input type="checkbox"/></td></tr> <tr><td>Multiple Family Dwelling</td><td><input type="checkbox"/></td></tr> <tr><td>Other (specify below)</td><td><input type="checkbox"/></td></tr> </table>		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"/>	<table border="1" style="width:100%;"> <tr><td>Master Plumber</td><td>License #</td><td><input type="text"/></td></tr> <tr><td>Oil Burner Installer</td><td>License #</td><td><input type="text"/></td></tr> <tr><td>Mfd. Housing Rep.</td><td>License #</td><td><input type="text"/></td></tr> <tr><td>Public Utility Rep.</td><td>License #</td><td><input type="text"/></td></tr> <tr><td>Property Owner</td><td></td><td></td></tr> </table>		Master Plumber	License #	<input type="text"/>	Oil Burner Installer	License #	<input type="text"/>	Mfd. Housing Rep.	License #	<input type="text"/>	Public Utility Rep.	License #	<input type="text"/>	Property Owner		
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Column 1 – Hook-Up & Relocation		Column 2 – Fixtures		Column 3 – Fixtures		<b>State of Maine</b> 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"/> <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="text"/>	Bathtub (and Shower)	<input type="text"/>																											
		Floor Drain	<input type="text"/>	Shower (Separate)	<input type="text"/>																											
		Urinal	<input type="text"/>	Sink	<input type="text"/>																											
		Drinking Fountain	<input type="text"/>	Wash Basin	<input type="text"/>																											
Hook-Up (b) <input type="checkbox"/> <i>Hook-up to an existing subsurface wastewater disposal system.</i>		Indirect Waste	<input type="text"/>	Water Closet (Toilet)	<input type="text"/>																											
		Treatment Softener, Filter, etc.	<input type="text"/>	Clothes Washer	<input type="text"/>																											
		Grease/Oil Separator	<input type="text"/>	Dishwasher	<input type="text"/>																											
Piping Relocation <input type="checkbox"/> <i>Relocation of sanitary lines, drains, and piping without new fixtures.</i>		Roof Drain	<input type="text"/>	Garbage Disposal	<input type="text"/>																											
		Bidet	<input type="text"/>	Laundry Tub	<input type="text"/>																											
		Other:	<input type="text"/>	Water Heater	<input type="text"/>																											

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

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

# TOWN OF JEFFERSON

P.O. BOX 77  
JEFFERSON, MAINE 04348

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Phone: (207) 549-7401  
Fax: (207) 549-7709

## PLUMBING DEPOSIT AGREEMENT

Date: \_\_\_\_\_

I, \_\_\_\_\_, have paid the Town of Jefferson a \$100  
*(Name of Contractor or Owner)*

Plumbing Permit Deposit for the following property: \_\_\_\_\_  
*(Street Address)*

located on Map \_\_\_\_\_, Lot \_\_\_\_\_. I acknowledge that I have two (2) years from  
today's date to get the system properly inspected and request a refund of the \$100 deposit,  
or my deposit will be forfeited to the Town.

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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OFFICE USE ONLY

Permit # \_\_\_\_\_