



Code Enforcement Office  
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Office Hours  
 Monday 8:00 AM-4:00 PM  
 Tuesday 8:00 AM-4:00 PM  
 Wednesday 12:00-6 PM  
 Thursday 8:00 AM-4:00PM  
 Friday 8:00 AM-12:00 PM

**LAND USE AND MULTI-PURPOSE PERMIT APPLICATION**

	<b>Applicant</b>	<b>Owner</b> ( <input type="checkbox"/> Same as Applicant)	<b>Contractor</b> ( <input type="checkbox"/> Same as Applicant)
<b>Name</b>			
<b>Address</b>			
<b>City, State, Zip</b>			
<b>Phone</b>			
<b>Email</b>			

**Application Instructions:** Complete all sections of application, including any additional forms noted. The Applicant must prove that the proposed activity conforms with the City's land use ordinance (LUO 4.9.3). A permit will be issued only if the application is deemed complete and has been reviewed and fully complies with all the provisions of the LUO (4.9.4).

**Property Address or Location:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_

<b>PROPERTY USE TABLE (LUO 7.6)</b>			<b>PROJECT INFORMATION</b>	
	<b>Existing</b>	<b>Proposed</b>	<b>BUILDING:</b> <input type="checkbox"/> <b>COMMERCIAL</b> (add Form 03) OR <input type="checkbox"/> <b>RESIDENTIAL</b> (add Form 04)	
Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<b>Additional-General:</b>	<input type="checkbox"/> Address/E-911(add Form 05)
Educational	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Manufactured Home (add Form 11)
Governmental	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Change of Use (add Form 06)
Industrial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Sewer (add Form 15)
Institutional	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Demolition/Removal (add Form 07)
Other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Shoreland (add Form 12)
Rural	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Driveway Entrance (add Form05)
Residential	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Sign (add Form 13)
Transportation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Excavation (add Form 08)
Wholesale	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Sludge Management (add Form 14)
			<input type="checkbox"/> Floodplain (add Form 09)	<input type="checkbox"/> Street Opening (add Form 05)
			<input type="checkbox"/> Home Occupation (add Form 10)	<input type="checkbox"/> Water (add Form 15)
			<b>Plumbing:</b> <input type="checkbox"/> Internal (use HHE 211)	<input type="checkbox"/> Subsurface (use HHE 200)

**Is Applicant not owner?** Add authorizing letter from Property Owner (LUO 4.9.2)

**Is work exterior?** Add Site Plan for Permit Application (Form 02)

By signing below, I agree that the information provided is complete and correct and that my project will adhere to applicable State and City land use laws and regulations. I agree to future inspections by the Code Enforcement Officer at reasonable hours.

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Form01\_LandUseMultiPurposeApp

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

Original copy for property file

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

Tax Map & Lot #: \_\_\_\_\_

Zoning District: \_\_\_\_\_

# REPLACEMENT SEPTIC TANK (ONLY) APPLICATION

Maine DHHS/CDC – Division of Environmental & Community Health

PROPERTY ADDRESS				ISSUING MUNICIPAL OFFICE			
City, Town, or Plantation				Town/City			
Number & Street				Permit #		Total Fee \$	
PROPERTY OWNER/APPLICANT INFORMATION				Date Issued		Double Fee	
Owner Name (Last, First)				Local Plumbing Inspector Signature		License #	
Applicant Name (Last, First)							
OWNER/APPLICANT MAILING ADDRESS				FEES		State \$150.00 + Local \$	
Street				LOCATION		Map # Lot #	
City				<p>A subsurface wastewater disposal system may not be installed until a permit is issued by the Local Plumbing Inspector. The permit authorizes the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.</p> <p><b>CAUTION: INSPECTION REQUIRED</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.</p>			
State		Zip					
Phone							
LOCATIONAL COORDINATES – Degrees, Minutes, Seconds							
Latitude: N		Longitude: W					
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 Department and/or Local Plumbing Inspector(s) to deny a permit.							
Signature of Owner/Applicant		Date		LPI Signature		Date	

PERMIT INFORMATION		
<p><b>Septic Tank</b></p> <p>Replacement Tank <i>Only</i></p> <p>1. Concrete:</p> <p>Regular <input type="checkbox"/> Low Profile <input type="checkbox"/></p> <p>2. Plastic:</p> <p>Regular <input type="checkbox"/> Low Profile <input type="checkbox"/></p> <p>3. Other (Specify):</p> <p><input style="width: 100%;" type="text"/></p>	<p><b>Disposal System Serves...</b></p> <p><input type="checkbox"/> 1. Single Family Dwelling</p> <p style="padding-left: 20px;">Number of Bedrooms <input style="width: 50px;" type="text"/></p> <p><input type="checkbox"/> 2. Multiple Family Dwelling</p> <p style="padding-left: 20px;">Number of Bedrooms <input style="width: 50px;" type="text"/></p> <p><input type="checkbox"/> 3. Other (Specify):</p> <p><input style="width: 100%;" type="text"/></p>	<p><b>Type of Water Supply</b></p> <p><input type="checkbox"/> Drilled Well</p> <p><input type="checkbox"/> Dug Well</p> <p><input type="checkbox"/> Other (Specify):</p> <p><input style="width: 100%;" type="text"/></p> <p>Water is supplied by...</p> <p><input type="checkbox"/> Private Water Supply</p> <p><input type="checkbox"/> Public Water System</p> <p><input type="checkbox"/> Other (Specify):</p> <p><input style="width: 100%;" type="text"/></p>
<p><b>Tank Capacity</b></p> <p><input style="width: 50px;" type="text"/> Gallons</p>	<p><b>Garbage Disposal Unit</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If YES, Specify:</p> <p><input type="checkbox"/> a. Multi-Compartment Tank</p> <p><input type="checkbox"/> b. Tanks in a Series</p> <p style="padding-left: 20px;"><input style="width: 50px;" type="text"/> Number of Tanks</p> <p><input type="checkbox"/> c. Increase Tank Capacity</p> <p><input type="checkbox"/> d. Filter on Tank Outlet</p>	<p style="text-align: center;"><b>IMPORTANT:</b></p> <p>This subsurface wastewater disposal system component permit application is intended for a <b>single replacement tank only</b>. Applications for all other disposal system configurations and components must be completed on the standard HHE-200. This permit application should not be used in conjunction with a standard HHE-200; if a replacement tank is required as part of a larger disposal system design, it must be incorporated in a design detailed on a standard HHE-200.</p> <p>For assistance, please contact the Subsurface Wastewater program: phone (207) 287-2070, email <a href="mailto:subsurface.wastewater@maine.gov">subsurface.wastewater@maine.gov</a>.</p>
<p><b>Size of Property</b></p> <p><input style="width: 50px;" type="text"/> Sq. Feet <input style="width: 50px;" type="text"/></p> <p><input style="width: 50px;" type="text"/> Acres <input style="width: 50px;" type="text"/></p>	<p><b>Effluent/Ejector Pump</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p><b>Shoreland Zoning</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		