



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:** \_\_\_\_\_

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

- 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** \_\_\_\_\_  
 Form01\_LandUseMultiPurposeApp Date Received: \_\_\_\_\_

**Date** \_\_\_\_\_  
 Original copy for property file

Address: \_\_\_\_\_  
 Tax Map & Lot #: \_\_\_\_\_  
 Zoning District: \_\_\_\_\_

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-2070 Fax: (207) 287-4172

## PROPERTY LOCATION

## >> CAUTION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation \_\_\_\_\_  
Street or Road \_\_\_\_\_  
Subdivision, Lot # \_\_\_\_\_

Town/City \_\_\_\_\_ Permit # \_\_\_\_\_  
Date Permit Issued \_\_\_/\_\_\_/\_\_\_ Fee: \$ \_\_\_\_\_ Double Fee Charged [ ]

## OWNER/APPLICANT INFORMATION

Name (last, first, MI) \_\_\_\_\_  
 Owner  
 Applicant  
Mailing Address of Owner/Applicant \_\_\_\_\_  
Daytime Tel. # \_\_\_\_\_

Local Plumbing Inspector Signature \_\_\_\_\_ L.P.I. # \_\_\_\_\_  
 Owner  Town  State

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # \_\_\_\_\_ Lot # \_\_\_\_\_

## OWNER OR APPLICANT STATEMENT

I state and acknowledge 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 to deny a Permit.

## CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. \_\_\_\_\_  
(1st) date approved

Signature of Owner or Applicant \_\_\_\_\_ Date \_\_\_\_\_

Local Plumbing Inspector Signature \_\_\_\_\_ (2nd) date approved \_\_\_\_\_

## PERMIT INFORMATION

<b>TYPE OF APPLICATION</b> <input type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
<b>SIZE OF PROPERTY</b> <input type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<b>TREATMENT TANK</b> <input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: _____ GAL.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: _____ sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. ___ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> _____ gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE _____ / _____ at Observation Hole # _____ Depth _____" of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input type="checkbox"/> Not Required <input type="checkbox"/> May Be Required <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA  <b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. _____ d _____ m _____ s Lon. _____ d _____ m _____ s if g.p.s, state margin of error: _____

## SITE EVALUATOR STATEMENT

I certify that on \_\_\_\_\_ (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature \_\_\_\_\_

SE # \_\_\_\_\_

Date \_\_\_\_\_

Site Evaluator Name Printed \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.