citteredCompleted	Entered_	Completed
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## City of Old Town Building Permit Application

Permit #_ Map #			Date Issued
Address of	f Work		
Zone		_	
Shoreland	Zone (y/n)	Flood Zone (y/n)	
Owners Na	ame		
	City	State	_ Zip
	Phone		
Applicants	Name		
	City	State	Zip
	Home Phone		ess Phone
Description	n of Project:		
Cost			
	Improvements		
	Electrical		
	Plumbing		
	Heating and Air Conditioning		
	Total Costs		
I hereby certify	that I am the owner of record of the named pro	operty, or that the proposed	work is authorized by the owner of the record and that
			agree to conform to all applicable laws of the jurisdiction
		· ·	e official or the authorized representative shall have the
	ter the property at any reasonable hour to enforc	, and the second	·
,		·	
Signature	of Applicant	Date	<del></del>

Fee

(SHOW LOT LINES, EASEMENTS AND WORK LAYOUT & DIMENSIONS)

E.	PROPERTY INFORMATION:				
	Lot Use				
	Present:				
	Proposed:	_			
	Number of Dwelling Units:				
	Proposed:				
	•				
	Lot Size (sq. feet or acres)				
F.	STRUCTURE INFORMATION:				
	# of stories:	Building Height:_			
	Type of water supply	Public	Private		
	Type of sewer	Public	Private		
			the continuoustom		
	If the project includes increasing the r		-		
	designed to meet the expansion?		No		
G.	OTHER INFORMATION:				
J .	OTHER INFORMATION:				
	Architect or Engineer	urchitect or Engineer Phone			
	Architect or EngineerPhone				
	Mailing Address				
	maining Addicas				
	Contractor	I	Phone		
		'	110110		
	Mailing Address				

SHORELAND ZONE	PLANNING BRD APPROVAL		
FLOODZONE	ZONING BRD APPROVAL		
LOT COVERAGE	FEASIBILITY		
SETBACK FRONT SIDE SIDE REAR PARKING			
Permit approved Date	Permit denied Forward to Zoning Zoning Board of Appeals		
Reviewed by:			
Permit Number			
Date issued  Fee \$			
PERMIT TYPE:			
1 New Home 1A Mobile Home 2 Garage (Residential) 3 Add. & Alt. (Residential) 4 Sheds 5 Porches & Decks 6 Other Residential	7 New Commercial 8 Add. & Alt.(Commercial) 9 New Industrial 10 Add. & Alt.(Industrial) 11 Other 12 Demolition 13 Moving		
NOTES:			