

City of Old Town

Building Permit Application

Permit # _____

Map # _____ Lot # _____ Date Issued _____

Address of Work: _____

Zone _____
Shoreland Zone (y/n) _____ Flood Zone y/n _____

Owners Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____

Applicants Name: _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Business Phone: _____

Description of Project:

Cost

Improvements	_____
Electrical	_____
Plumbing	_____
Heating & Air Conditioning	_____
Total Cost	_____

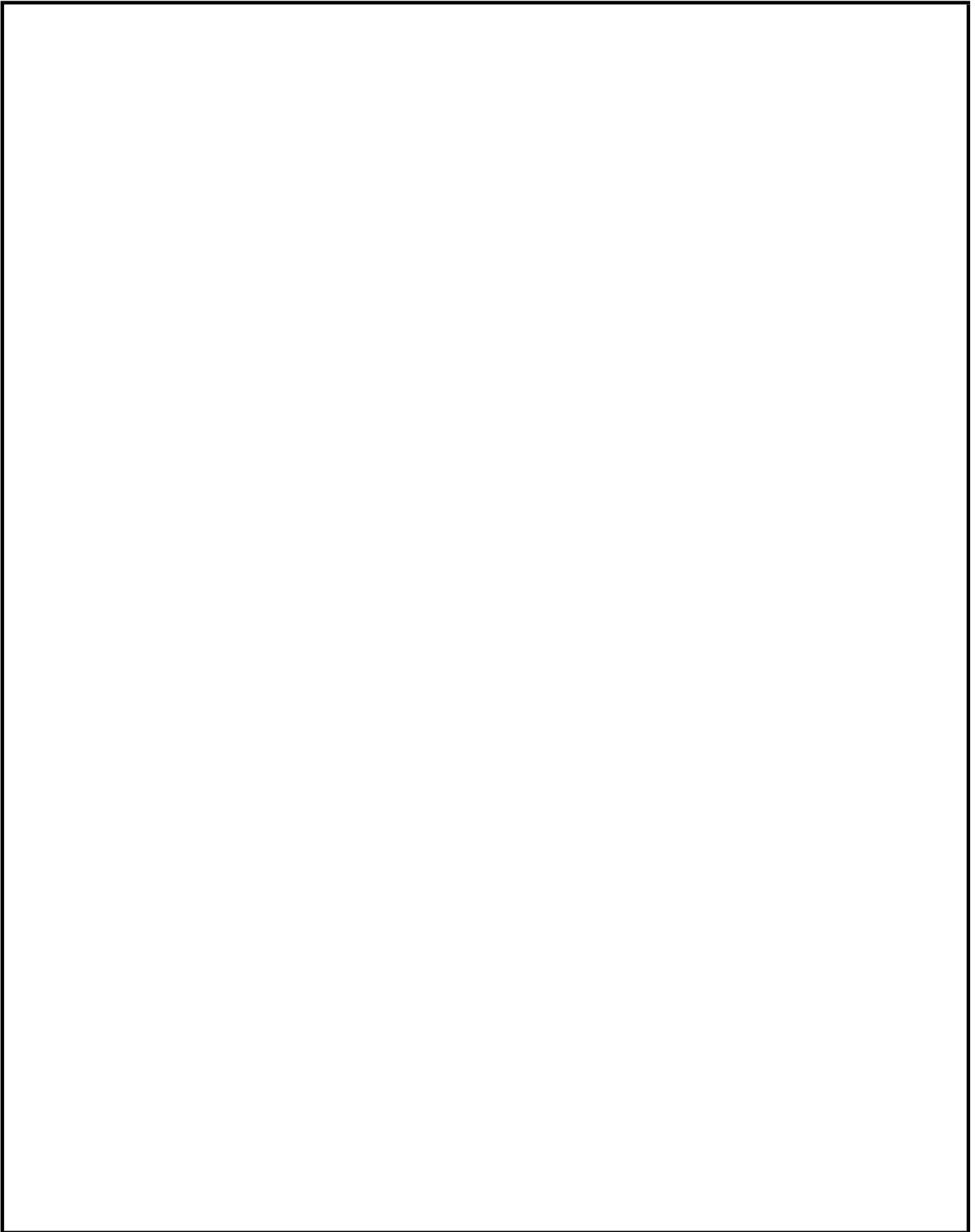
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of the record and that I have been authorized by the owner to make the application as his authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the authorized representative shall have the authority to enter the property at any reasonable hour to enforce the provisions of the codes and laws applicable to such permit.

Signature of Applicant

Date

Fee

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



PROPERTY INFORMATION:

Lot Use

Present: _____

Proposed: _____

Number of Dwelling Units:

Present: _____

Proposed: _____

Lot Size (sq. feet or acres) _____

STRUCTURE INFORMATION:

of stories: _____

Building Height: _____

Type of water supply _____

Public _____ Private _____

Type of sewer _____

Public _____ Private _____

If the project includes increasing the number of bedrooms, is the septic system designed to meet the expansion? _____ Yes _____ No _____

OTHER INFORMATION:

Architect or Engineer _____

Phone _____

Mailing Address

Contractor _____

Phone _____

Mailing Address

PROJECT LARGER THAN ONE ACRE _____ Yes _____ No

If yes, you are required to obtain a Maine Construction General Permit prior to receiving a Building Permit. Any contractor conducting excavation within the Shoreland area of the municipality shall have a person, certified by DEP in erosion control practices at the site pursuant to M.R.S. 38 § 439-B.

FOR OFFICE USE ONLY - do not write on this page

SHORELAND ZONE	_____	PLANNING BRD APPROVAL	_____
FLOODZONE	_____	ZONING BRD APPROVAL	_____
LOT COVERAGE	_____	FEASIBILITY	_____
SETBACK			
FRONT	_____		
SIDE	_____		
SIDE	_____		
REAR	_____		
PARKING	_____		

Permit approved	_____	Permit denied	_____
Date	_____	Forward to Zoning	_____
		Zoning Board of Appeals	_____
Reviewed by:	_____		

Permit Number	_____
Date issued	_____
Fee	\$ _____

PERMIT TYPE:

1 _____	New Home	7 _____	New Commercial
1A _____	Mobile Home	8 _____	Add. & Alt.(Commercial)
2 _____	Garage (Residential)	9 _____	New Industrial
3 _____	Add. & Alt. (Residential)	10 _____	Add. & Alt.(Industrial)
4 _____	Sheds	11 _____	Other
5 _____	Porches & Decks	12 _____	Demolition
6 _____	Other Residential	13 _____	Moving

NOTES: _____
