

940526

Permit # \_\_\_\_\_ City of \_\_\_\_\_ BUILDING PERMIT APPLICATION Fee \_\_\_\_\_ Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# 32-k-12

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

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

LOCATION OF CONSTRUCTION \_\_\_\_\_

Contractor: \_\_\_\_\_ Sub.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Est. Construction Cost: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

\_\_\_\_\_ Past Use: \_\_\_\_\_

# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_

Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

# Stories: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ Lot Size: \_\_\_\_\_

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_

Explain Conversion \_\_\_\_\_

**Foundation:**

1. Type of Soil: \_\_\_\_\_
2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_
3. Footings Size: \_\_\_\_\_
4. Foundation Size: \_\_\_\_\_
5. Other \_\_\_\_\_

**Floor:**

1. Sills Size: \_\_\_\_\_ Sills must be anchored.
2. Girder Size: \_\_\_\_\_
3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_
4. Joists Size: \_\_\_\_\_ Spacing 16" O.C.
5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_
6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_
7. Other Material: \_\_\_\_\_

**Exterior Walls:**

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. No. windows \_\_\_\_\_
3. No. Doors \_\_\_\_\_
4. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_
6. Corner Posts Size \_\_\_\_\_
7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_
10. Masonry Materials \_\_\_\_\_
11. Metal Materials \_\_\_\_\_

**Interior Walls:**

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
3. Wall Covering Type \_\_\_\_\_
4. Fire Wall if required \_\_\_\_\_
5. Other Materials \_\_\_\_\_

**For Official Use Only**

Date \_\_\_\_\_ Subdivision: \_\_\_\_\_ Name JUN - 7 1994

Inside Fire Limits \_\_\_\_\_ Lot \_\_\_\_\_

Bldg Code \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

Time Limit \_\_\_\_\_

Estimated Cost \_\_\_\_\_

**Zoning:**

Street Frontage Provided: \_\_\_\_\_

Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

**Review Required:**

Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_

Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_

Special Exception \_\_\_\_\_

Other (Explain) \_\_\_\_\_

**Ceiling:**

1. Ceiling Joists Size: \_\_\_\_\_ Not in this nor Landmark.
2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_ Does not require review.
3. Type Ceilings: \_\_\_\_\_
4. Insulation Type \_\_\_\_\_ Size Requires Review.
5. Ceiling Height: \_\_\_\_\_ \*\*\*\*\*

**Roof:**

1. Truss or Rafter Size \_\_\_\_\_ Action: Approved
2. Sheathing Type \_\_\_\_\_ Span \_\_\_\_\_ Approved with Conditions
3. Roof Covering Type \_\_\_\_\_ Size \_\_\_\_\_

**Chimneys:**

Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

**Heating:**

Type of Heat: \_\_\_\_\_

**Electrical:**

Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

**Plumbing:**

1. Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_
2. No. of Tubs or Showers \_\_\_\_\_
3. No. of Flushes \_\_\_\_\_
4. No. of Lavatories \_\_\_\_\_
5. No. of Other Fixtures \_\_\_\_\_

**Swimming Pools:**

1. Type: \_\_\_\_\_
2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_
3. Must conform to National Electrical Code and State Law.

Permit Received By \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

CEO's District \_\_\_\_\_

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

White - Tax Assessor

**PLOT PLAN****FEES (Breakdown From Front)**

Base Fee \$ \_\_\_\_\_  
Subdivision Fee \$ \_\_\_\_\_  
Site Plan Review Fee \$ \_\_\_\_\_  
Other Fees \$ \_\_\_\_\_  
(Explain) \_\_\_\_\_  
Late Fee \$ \_\_\_\_\_

**Inspection Record****Type****Date**

_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

**COMMENTS**

*Antenna installed - appears to be adequately installed + done  
per plans -*

**CERTIFICATION**

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 record and that I have been authorized by the owner to make this application as has authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT

ADDRESS

PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE NO.