930708 930708
BUILDING PERMIT APPLICATION Fee\_\_\_\_\_ Zone\_\_036 Map # # Lot# I - 009 Please fill out any part which applies to job. Proper plans must accompany form. Owner: \_\_\_\_\_ Phone # For Official Use Onl EKMII 155UED Address: Subdivision: LOCATION OF CONSTRUCTION . /389 Inside Fire Limits Contractor: Sub.: Bldg Code\_\_\_\_\_ Public Ownership: Time Limit Address: Phone # Estimated Cost Est. Construction Cost: Proposed Use: 33 \$ 2 f Zoning: Street Frontage Provided: \_\_\_\_\_\_\_ Back \_\_\_\_\_\_ Side \_\_\_\_\_ Side\_ Past Use: # of Existing Res. Units\_\_\_\_\_ # of New Res. Units\_\_\_\_\_ Review Required: Zoning Board Approval: Yes\_\_\_\_ No\_\_\_ Date: \_\_\_\_ Building Dimensions L W Total Sq. Ft. Planning Board Approval: Yes\_\_\_\_No\_\_\_\_ Date:\_\_\_\_ # Stories: \_\_\_\_ # Bedrooms\_\_\_\_\_ Lot Size \_\_\_\_ Conditional Use: \_\_\_\_\_ Variance \_\_\_\_ Site Plan \_\_\_\_ Subdivision \_\_\_\_ Shoreland Zoning Yes\_\_\_ No\_\_\_ Floodplain Yes\_\_\_ No\_\_\_ Is Proposed Use: Seasonal\_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_ Special Exception\_\_\_\_\_ Explain Conversion Other \_\_\_\_(Explain) HISTORIC PRESERVATION PRESERVAT Ceiling: 1. Ceiling Joists Size:\_\_\_\_\_ Not in Dispict nor Landmark Foundation: 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_ Does not require review. 1. Type of Soil:
2. Set Backs - Front \_\_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_ 3. Type Ceilings:
4. Insulation Type
Size
Size
Nequise Review. 3. Footings Size: 5. Ceiling Height: \*\*\*\*\*\*\*\*\*\*\*\*\*\* 4. Foundation Size: Roof: 5. Other \_\_\_\_\_ Action: \_\_\_ Approved. 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_ Approved with Conditions Floor: 3. Roof Covering Type \_\_\_\_\_\_\_ 1. Sills Size: \_\_\_\_\_ Sills must be anchored. Chimneys: 2. Girder Size: Type: Number of Fire Places 2. Girder Size:
3. Lally Column Spacing:
Size: Spacing 16" O.C. 4. Joists Size: Heating: Type of Heat: 5. Bridging Type: Size: Electrical: 6. Floor Sheathing Type: Size: Service Entrance Size: \_\_\_ Smoke Detector Required Yes\_\_\_\_ No\_\_\_\_ 7. Other Material: Plumbing: 1. Approval of soil test if required Yes \_\_\_\_\_ No\_\_\_\_ **Exterior Walls:** 2. No. of Tubs or Showers 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_ 3. No. of Flushes \_\_\_\_\_\_ 2. No. windows \_\_\_\_\_ 4. No. of Lavatories 3. No. Doors \_\_\_\_\_ 5. No. of Other Fixtures \_\_\_\_ Span(s) \_\_\_\_\_ 4. Header Sizes \_\_\_\_ Yes \_\_\_\_\_ No. \_\_\_\_ Swimming Pools: 5. Bracing: 1. Type: \_\_\_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_\_ Size 3. Must conform to National Electrical Code and State Law. 8. Sheathing Type \_\_\_\_\_ Size \_\_\_ 9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_\_
10. Masonry Materials \_\_\_\_\_ Permit Received By\_\_\_\_\_ 11. Metal Materials Signature of Applicant\_\_\_\_\_\_ Date\_\_\_\_\_ Interior Walls: 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_ 2. Header Sizes\_\_\_\_\_\_ Span(s) Signature of CEO \_\_\_\_\_\_ Date\_\_\_\_\_ 3. Wall Covering Type\_\_\_\_\_ Inspection Dates\_\_\_\_\_ 4. Fire Wall if required 5. Other Materials White Tag -CEO © Copyright GPCOG 1988 White-Tax Assesor Yellow-GPCOG

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PLOT PLAN	N A
FEES (Breakdown From Front)  Base Fee \$ 20,00  Subdivision Fee \$	Inspection Record  Type  Type    Date
COMMENTS	
Signature of Applicant for Mary	Date 7/1/93