

## **Construction Permit Fee Schedule**

Department of Public Safety State Fire Marshal's Office 52 State House Station Augusta, Maine 04333-0052

> Tel: 207-626-3870 Fax: 207-287-6251

Make Check Payable to: "Treasurer, State of Maine"

#### **New Construction**

#### Permit Fee

\$.05/ square foot of occupied space \$.02/ square foot for bulk storage occupancies

Renovations exceeding 80% of occupied space are considered to be new construction. Public schools, (K-12), follow the renovation fee schedule below.

### Renovations

Permit Fee		Construction Cost
\$25.00	For under	\$10,000.00
\$50.00	From	\$10,000.00
	but less than	\$20,000.00
\$75.00	From	\$20,000.00
	but less than	***************************************
		\$50,000.00
\$100.00	From	\$50,000.00
	but less than	\$100,000.00
\$150.00	From	\$100,000.00
	but less than	\$500,000.00
\$200.00	From	\$500,000.00
	but less than	\$1,500,000.00
\$250.00	From	\$1,500,000.00
	but less than	\$2,250,000.00
\$350.00	From	\$2,250,000.00
	but less than	\$3,000,000.00
\$450.00	From	\$3,000,000.00

Title 25 Section \$2450

\$50.00.....For a Plan Review to acquire only an Approval Letter.

(This may be obtained only when a permit is not required by the State.)

Tel: 207-626-3880 Fax: 207-287-6251



# Application for Construction Permit

Department of Public Safety State Fire Marshal's Office 45 Commerce Drive, Suite 1 Augusta, Maine 04330-7889

Project Information									
Project Name: _									
Street Location:		Town Location:							
County:		Zip Code:							
Project		Sprinkler System Fire Alarm							
New Building	<b>]</b>	No Sprink	No Sprinkler System						
Renovation	ı 🗀	Sprinkle	Sprinkler System						
Addition		☐ Supervised Sprinkler System☐ Monitored Fire Alarm☐							
Occupancy (	Change 🗀								
Number o	of Stories	es Square Footage Project Information							
Original # of	Stories								
Affected # o	f Stories	New Co	nstruction Sq F	ootage	Projected S	tart Date			
Total # of S	Stories	•							
Building	Building Use Layout Disc Included:								
Single	Use $\square$	Separated [	M	ixed	Fee	Yes No			
Apartments			ipancy Class	ification		Educational			
Hotel / Motel/ Dormitory Business Daycare Rooming & Lodging Residential Care Large Small Detention									
Rooming & Loo Healthcare	agirig			ge		Detention   Industrial   Indust			
Ambulatory He	alth Care 🗀			B C		Storage			
, <u> </u>									
Construction Type									
Fire Resistive: Type I, (443) (332) Unprotected Ordinary: Type III (200)									
Protected Non-Combustible: Type II (222) (111) Heavy Timber: Type IV (2HH)									
Unprotected Non-Combustible: Type II (000) Protected Wood Frame: Type V (111) Unprotected Wood Frame: Type V (000)									
Chiprotected vvoca France. Type v (000)									
Addresses									
Owner's Name: Fax: Fax:									
Mailing Address:									
Town:			_ State:		Zip Code:				
Design Professional:									
· ·									
•									
Town.			_ State		Zip Code				
Signature of Ap	oplicant:								
Preliminary Approval: Date: Approved By:									
Construction Permit: Date: Approved By:									
Approval Letter: Date: Approved By:									
- vviici a dennii ki	not required								
	not required	DATE FEE	OUEOU."	DI ANI DEL VELVES					
DATE PLANS RECEIVED	REVIEW FEE	DATE FEE RECEIVED	CHECK#	PLAN REVIEWER	DATE PERMIT ISSUED	PERMIT#			