ty of \_\_\_\_\_ BUILDING PERMIT APPLICATION Fee \_\_\_\_ Zone \_\_\_ Please fill out any part which applies to job. Proper plans must accompany form. Owner: \_\_\_\_ Phone # For Official Use Only 55 Riverside St Address: Subdivision: 55 Riverside Sr Inside Fire Limits LOCATION OF CONSTRUCTION Contractor: Sub.: Oz Address: Address: Bldg Code\_\_\_\_ Public Time Limit.... Ownership: ...... Private Estimated Cost Est. Construction Cost: Proposed Use: 7 w/sign Zoning: Street Frontage Provided: \_\_\_\_\_\_ Back \_\_\_\_\_ Side\_\_\_\_\_ # of Existing Res. Units\_\_\_\_\_ # of New Res. Units\_\_\_\_\_ Review Required: Zoning Board Approval: Yes\_\_\_\_ No\_\_\_ Date:\_\_\_\_ Planning Board Approval: Yes\_\_\_ No \_\_\_ Date:\_\_\_\_ Building Dimensions L\_\_\_\_\_W\_\_\_ Total Sq. Ft. \_\_\_\_ # Stories:\_\_\_\_\_ # Bedrooms\_\_\_\_\_ Lot Size: Conditional Use: Variance Site Plan Subdivision Shoreland Zoning Yes\_\_\_ No\_\_\_ Floodplain Yes \_\_\_ No\_\_\_ Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_ Conversion \_\_\_\_ Explain Conversion \_\_\_\_\_ Cover existing sign w/temporary banner Special Exception Other (Explain) Ceiling: HISTORIC PRESERVATION 1. Ceiling Joists Size:\_\_\_\_ Foundation: 1. Type of Soil: 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_ Not in District nor Landmark 2. Set Backs - Front Rear Side(s) 3. Type Ceilings: Does not require revis 3. Footings Size: 4. Insulation Type \_\_\_\_\_ 4. Foundation Size: 5. Ceiling Height: 5. Other Roof: 1. Truss or Rafter Size SpanAction: Approved 2. Sheathing Type Size Approved with Conditions.
3. Roof Covering Type Floor: 1. Sills Size: Sills must be anchored. 2. Girder Size:
3. Lally Column Spacing: Number of Fire Places Signature. Chimneys: ys: Type:\_\_\_\_ 4. Joists Size:
5. Bridging Type: Spacing 16" O.C. Heating: Size: Type of Heat: 6. Floor Sheathing Type: Size: Electrical: 7. Other Material: Service Entrance Size: Smoke Detector Required Yes\_\_\_\_No\_\_\_\_ Plumbing: **Exterior Walls:** Yes No 1. Approval of soil test if required 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_ 2. No. of Tubs or Showers 2. No. windows 3. No. of Flushes 3. No. Doors 4. No. of Lavatories 4. Header Sizes Span(s) 5. No. of Other Fixtures Yes No. 5. Bracing: Swimming Pools: 6. Corner Posts Size 1. Type: 7. Insulation Type Size 2. Pool Size : x Square Footage 8. Sheathing Type Size 3. Must conform to National Electrical Code and State Law. 9. Siding Type
10. Masonry Materials Weather Exposure Mary Gresik Permit Received By 11. Metal Materials Interior Walls: Signature of Applicant 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_ 2. Header Sizes\_\_\_\_\_ Span(s)\_\_\_\_\_ CEO's District 3. Wall Covering Type 4. Fire Wall if required

White - Tax Assessor

5. Other Materials

CONTINUED TO REVERSE SIDE

Ivory Tag - CEO

Me TSaa

PLOT PLAN		N	
Rone Wout	Jusp.		
FEES (Breakdown From Front)		Inspection Record	
Base Fee \$	Type	Date	
Subdivision Fee \$Site Plan Review Fee \$			
Other Fees \$		1 1	
(Explain)Late Fee \$			
Late Fee \$		/	
OMMENTS			
CERTIFIC	CATION		
reby certify that I am the owner of record of the named property, or that the propos	ed work is authorized by the owner of record and that	I have been authorized h	
er to make this application as has authorized agent and I agree to conform to all			
ication is issued, I certify that the code official or the code official's authorized re	presentative shall have the authority to enter areas	covered by such permit a	
onable hour to enforce the provisions of the code(s) applicable to such permit.			
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Imm / myste		-	
ADDRESS			
AURE OF APPLICANT ADDRESS	PHONE N	U.	

