



BUILDING PERMIT APPLICATION

Date _____
Received: ___/___/___**I. LOCATION OF BUILDING**At Location: _____
No. StreetMap: _____
Lot: _____**II. TYPE OF BUILDING - All applicants complete parts: A, B, C, D, & E**

A.) Improvement	E.) Proposed Uses	
1. <input type="checkbox"/> New Building	Residential Uses	Non-Residential Uses
2. <input type="checkbox"/> Addition	14. <input type="checkbox"/> Single Family Dwelling	23. <input type="checkbox"/> Assembly (>1,000 seats)
3. <input type="checkbox"/> Alteration	15. <input type="checkbox"/> S/F/D w<4 Rental Units	24. <input type="checkbox"/> Assembly (300 to 999 seats)
4. <input type="checkbox"/> Repair	16. <input type="checkbox"/> Bed and Breakfast	25. <input type="checkbox"/> Assembly (50 to 299 seats)
5. <input type="checkbox"/> Demolition	17. <input type="checkbox"/> Two Family Dwelling	26. <input type="checkbox"/> Business (Bank, Office, Retail)
6. <input type="checkbox"/> Moving	18. <input type="checkbox"/> Townhouses	27. <input type="checkbox"/> Business (Restaurant 1 to 49 seats)
7. <input type="checkbox"/> Foundation	19. <input type="checkbox"/> Residential Accessory	28. <input type="checkbox"/> Educational - School
B.) Ownership	20. <input type="checkbox"/> Family Day Care	29. <input type="checkbox"/> Educational - Group Day Care
8. <input type="checkbox"/> Public	21. <input type="checkbox"/> Home Occupation	30. <input type="checkbox"/> Educational - Day Care Center
9. <input type="checkbox"/> Private	22. <input type="checkbox"/> Other, _____	31. <input type="checkbox"/> Factory
C.) Septic System		32. <input type="checkbox"/> High Hazard
10. <input type="checkbox"/> Public		33. <input type="checkbox"/> Institutional - Hospital
11. <input type="checkbox"/> Private		34. <input type="checkbox"/> Institutional - Nursing Home
D.) Well		35. <input type="checkbox"/> Mercantile (< 3,000 Sq. Ft.)
12. <input type="checkbox"/> Public		36. <input type="checkbox"/> Mercantile (3,001 - 29,999 Sq. Ft.)
13. <input type="checkbox"/> Private		37. <input type="checkbox"/> Mercantile (> 30,000 Sq. Ft.)
		38. <input type="checkbox"/> Multi-Family > 2 Dwelling Units
		39. <input type="checkbox"/> Multi-Family - Hotel, Motel, Inn
		40. <input type="checkbox"/> Storage
		41. <input type="checkbox"/> Tank, Tower
		42. <input type="checkbox"/> Utility
		43. <input type="checkbox"/> Non Residential Accessory
		44. <input type="checkbox"/> Other, _____

III. IDENTIFICATION - To be completed by all applicants

_____	_____
<i>Name of Owner/ Lesee</i>	<i>Mailing Address - No. Street, City, State, Zip Code</i>
(_____) _____	_____ @ _____
<i>Phone</i>	<i>E-mail Address</i>
_____	_____
<i>Name of Architect/Engineer/Builder</i>	<i>Mailing Address - No. Street, City, State, Zip Code</i>
(_____) _____	_____ @ _____
<i>Phone</i>	<i>E-mail Address</i>

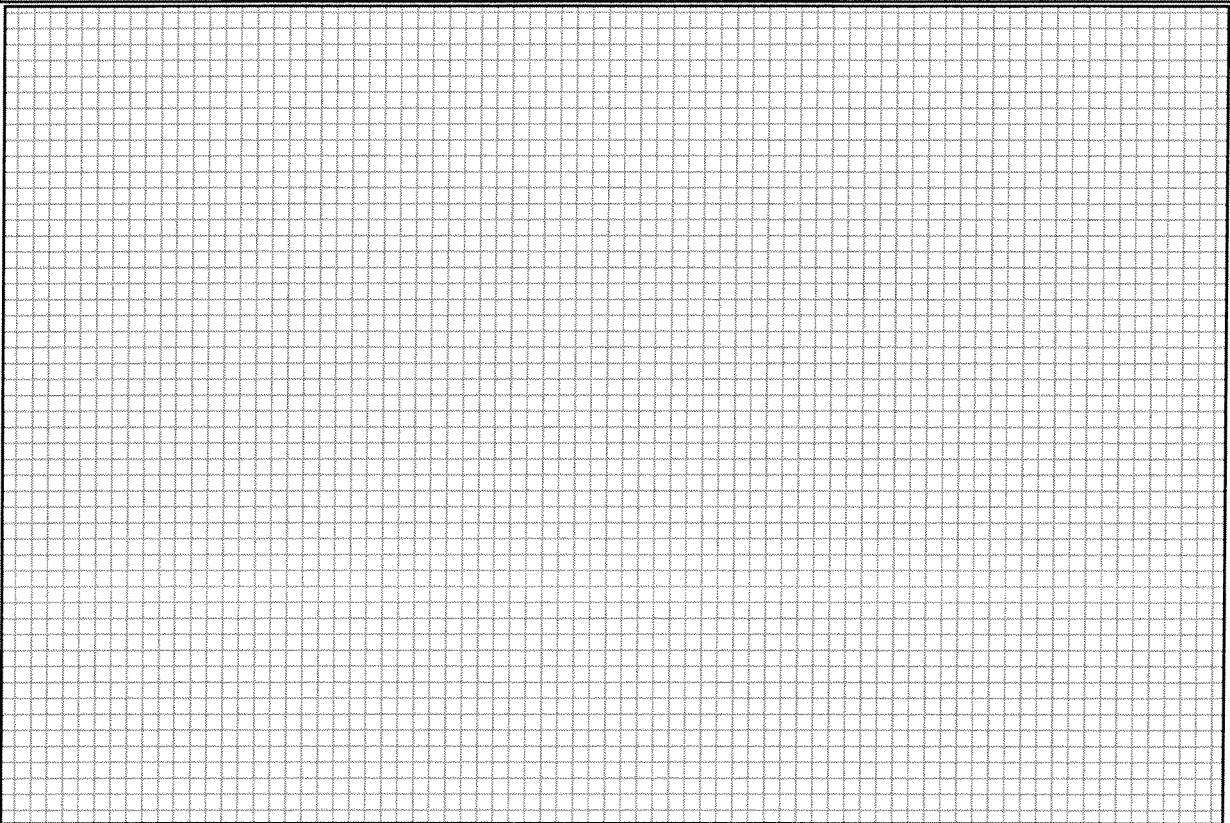
Signed: _____ Date: _____

IV. Design Criteria

<i>International Building Code and International Residential Code</i>								
Ground Snow Load P/Sq. Ft.	Wind Design Speed (MPH)	Seismic Design Category	Subject to Damage From		Ice Barrier Required	Flood Hazards	Air Freezing Index	Mean Annual Temp
			Weathering	Frost Line Depth				
70 lbs.	90	B	Severe	4'	Yes	Possible	2500	46°

<i>International Energy Conservation Code</i>							
Climate Zone	Glass U-Factor	Ceiling Trusses		Basement Wall	Wood Frame Wall	Wood Floor Crawl Space	
		Standard	Raised				
6	0.35	R49	R38	R10	R20	R13 + R5	R30

V. Site Plan (Include Lot Lines, Existing & Proposed Structures, Septic System and Well)



VI. Special Conditions

- 1.) Call DIG-SAFE prior to any excavation, it's the law! (888) 344-7233
- 2.) Erosion control measures SHALL be installed prior to any excavation.

VII. Inspections - Required - Call (207) 873-2826 for inspections

- a.) Foundation (prior to pouring concrete)
- b.) Framing (prior to hanging drywall or plaster)
- c.) Insulation (an energy certificate is required)
- d.) Final (prior to occupancy)
- e.) Septic System
- f.) Interior Plumbing Permit