



Town of Northport

16 Beech Hill Road Northport, ME 04849
 (207) 338-3819 email: townhall@townofnorthport.com

Permit Number: _____

Issue Date: _____

Fee: _____

Building Permit Application

General Information

1. APPLICANT		2. APPLICANT'S ADDRESS	3. APPLICANT'S TEL. #
4. PROPERTY OWNER		5. OWNER'S ADDRESS	6. OWNER'S TEL. #
7. CONTRACTOR		8. CONTRACTOR'S ADDRESS	9. CONTRACTOR'S TEL. #
10. LOCATION/ADDRESS OF PROPERTY		11. TAX MAP/LOT #	
13. DESCRIPTION OR PROPERTY INCLUDING A DESCRIPTION OF ALL PROPOSED CONSTRUCTION, (E.G. LAND CLEARING, ROAD CONSTRUCTION, SEPTIC SYSTEMS, AND WELLS-PLEASE NOTE THAT A SITE PLAN SKETCH IS REQUIRED ON PAGE 2)			
14. PROPOSED USE OF PROPERTY		15. ESTIMATED COST OF CONSTRUCTION	

PROPERTY INFORMATION

16. LOT AREA	17. FRONTAGE ON ROAD (FT.)
22. EXISTING USE OF PROPERTY	23. TOTAL SQ. FOOTAGE OF PROJECT

SITE PLAN

PLEASE INCLUDE: LOT LINES; AREA TO BE CLEARED OF TREES AND OTHER VEGETATION; THE EXACT POSITION OF PROPOSED STRUCTURES, INCLUDING DECKS, PORCHES, AND OUTBUILDINGS WITH ACCURATE SETBACK DISTANCES FROM THE SHORELINE, SIDE AND REAR PROPERTY LINES; THE LOCATION OF PROPOSED WELLS, SEPTIC SYSTEMS, AND DRIVEWAYS; AND AREAS AND AMOUNTS TO BE FILLED OR GRADED. IF THE PROPOSAL IS FOR THE EXPANSION OF AN EXISTING STRUCTURE, PLEASE DISTINGUISH BETWEEN THE EXISTING STRUCTURE AND THE PROPOSED EXPANSION.

NOTE: FOR ALL PROJECTS INVOLVING FILLING, GRADING, OR OTHER SOIL DISTURBANCE YOU MUST PROVIDE A SOIL EROSION CONTROL PLAN DESCRIBING THE MEASURES TO BE TAKEN TO STABILIZE DISTURBED AREAS BEFORE, DURING AND AFTER CONSTRUCTION.

SCALE: _____ = _____ FT.

NOTE: APPLICANT IS ADVISED TO CONSULT WITH THE CODE ENFORCEMENT OFFICER AND APPROPRIATE STATE AND FEDERAL AGENCIES TO DETERMINE WHETHER ADDITIONAL PERMITS, APPROVALS, AND REVIEWS ARE REQUIRED.

I CERTIFY THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS ACCURATE. ALL PROPOSED USES WILL BE IN CONFORMANCE WITH THIS APPLICATION AND THE TOWN OF NORTHPORT. I AGREE TO FUTURE INSPECTIONS BY THE CODE ENFORCEMENT OFFICER AT REASONABLE HOURS.

APPLICANTS SIGNATURE

DATE:

AGENTS SIGNATURE

DATE:

APPROVAL OR DENIAL OF APPLICATION **MAP** _____ **LOT** _____

THIS APPLICATION IS: _____ APPROVED _____ DENIED

IF DENIED, REASON FOR DENIAL:

IF APPROVED, THE FOLLOWING CONDITIONS ARE PRESCRIBED:

CODE ENFORCEMENT OFFICER

DATE