

TOWN OF STANDISH

BUILDING OR USE PERMIT APPLICATION

FOR OFFICE USE ONLY

PERMIT NO. _____

ISSUE DATE _____

FEE AMOUNT _____

APPROVED BY _____

1. PROPERTY OWNER	2. PHONE	
3. PROPERTY ADDRESS		8. MAP
4. OWNER'S ADDRESS		9. LOT
5. CONTRACTOR	6. PHONE	10. ZONE
7. CONTRACTOR ADDRESS		11. ESTIMATED VALUE
12. PROPOSED USE - (CONSTRUCTION PLAN REQD.)		3. SPECIAL ZONES & APPROVALS <input type="checkbox"/> SHORELAND <input type="checkbox"/> WETLANDS <input type="checkbox"/> FLOOD ZONE <input type="checkbox"/> PLANNING BOARD <input type="checkbox"/> ZONING BOARD OF APPEALS

14. NUMBER OF STORIES PRESENT _____ PROPOSED _____	15. PROPOSED BUILDING DIMENSIONS L _____ X W _____	16. NUMBER OF BATHROOMS PRESENT _____ FULL _____ HALF _____ PROPOSED _____ FULL _____ HALF _____
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17. NUMBER OF BEDROOMS PRESENT _____ PROPOSED _____	18. PRESENT SEPTIC SYSTEM APPROVAL FOR: _____ BEDROOMS	19. WATER SUPPLY <input type="checkbox"/> PRIVATE <input type="checkbox"/> PWD
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20. FRONTAGE _____	21. LOT SIZE (IN SQ FT OR ACRES) _____
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22. SETBACKS <input type="checkbox"/> NONCONFORMING FRONT SIDE REAR	23. NUMBER OF DWELLING UNITS PRESENTLY EXISTING ON THE LOT _____
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24. MORE THAN ONE USE EXISTING ON THE PROPERTY ACCESSORY USE: _____ <input type="checkbox"/> NONCONFORMING	25. CONDITIONAL APPROVAL <input type="checkbox"/> YES (see below) <input type="checkbox"/> NO CONDITIONS OF APPROVAL MUST BE ATTACHED
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ACKNOWLEDGMENT

I acknowledge receipt of a copy of this form; being notified of the requirements applicable to the construction authorized by building permit no: _____; and notification of the penalties imposed for violation of those requirements.

Date _____

Property Owner

Code Enforcement Officer

Permit Holder

Permit Valid 2 Years From Date Of Issue