Town of Long Island



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BUILDING PERMIT APPLICATION#

A 1
LOT#807-808 ZONE LOT SIZE 2 STREET LOCATION Island Ave
OWNER/APPLICANT Schiavi Custom Builders
OWNER/APPICANT ADDRESS 754 Main St, Oxford ME 04270
TELEPHONE HOME WORK_207-539-9600 CELL
CONTRACTOR Schiavi Custom Builders
ADDRESS 754 Main St, Oxford ME 04270
TELEPHONE WORK 207-539-9600 CELL JOB SITE
EMAIL maritza@schiavicustom.com
APPLICATION TYPE X_NEW PRINCIPAL STRUCTUREADDITIONRELOCATION NEW ACCESSORY STRUCTUREALTERATIONREPLACEMENT REPAIR PROJECT DESCRIPTION (BRIEF EXPLANATION OF WORK TO BE DONE):
New Modular Home build 3 hadrages 8 2 4/2 hadra
- How Modular Home Build, 3 bedrooms & 2 1/2 baths
DIMENSIONS OF PROPOSED STRUCTURE 25x34
PROPOSED FOUNDATION TYPE:FULL 10'4' FROST WALLPIERSLAB SETBACKS OF PROPOSED STRUCTURES (MUST BE SHOWN ON "REQUIRED" SITE PLAN)
FRONT FT SIDES FT/ FT REAR FT
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THE VERTICAL DISTANCE FROM THE AVERAGE ORIGINAL GROOF BEAMS OF A FLAT ROOF, OR TO THE MEAN LEVEL OF GABLE OR HIP ROOF. (MAX 35' ALLOWED)	RADE TO THE TOP OF THE HIGHEST THE HIGHEST GABLE OR SLOPE OF
EXISTING STRUCTURES FT PROPOS	SED STRUCTURES 25 FT
FOR STRUCTURES TO BE OCCUPIED OR FOR AN INCREAS SERVICED BY PRIVATE SEPTIC SYSTEM:	SE IN THE # OF BEDROOMS TO BE
# OF EXISTING BEDROOMS # OF ADDITION	DNAL BEDROOMS
CEO PERMIT CHECKLIST: SEASONAL CONVERSIONYESNO SEPTIC REVIEW NEEDEDYESNO SEPTIC DESIGN NEEDEDYESNO EXISTING LOT COVERAGEOVER ON COVE	RAGE YES NO
NO BUILDING HEREAFTER ERECTED SHALL BE OCCUPIED OR A CERTIFICATE OF OCCUPANCY SHALL HAVE BEEN ISSU OFFICER.	USED, IN WHOLE OR IN PART, UNTIL ED BY THE CODE ENFORCEMENT
MINIMUM OF THREE INSPECTION REQUIRED FOR ALL CONSTRUCTIONS (FOOTINGS, WALLS, DRAINAGE, WATER FOR FRAMING (PRIOR TO COVERING STRUCTURAL MEMBERS 3. FINAL INSPECTION BEFORE OCCUPANCY	OLLIC)
SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBI SHORELAND CONSTRUCTION MAY REQUIRE MAINE DEP PERMI	NG AND T
THIS PERMIT APPLICATION DOES NOT PRECLUDE THE APPLIC STATE AND FEDERAL RULES.	ANT(S) FROM MEETING APPLICABLE
THIS PERMIT WILL BE COME NULL AND VOID IF CONSTRUCT MONTHS OF PERMIT ISSUE DA	TION IS NOT STARTED WITHIN SIX
I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAI AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS THEIR APPLICABLE LAWS OF THIS JURISDICTION. IN ADDITION, IF THIS P CODE OFFICIAL OR HIS REPRESENTATIVE SHALL HAVE THE AUTHO BY SUCH PERMIT AT ANY REASONABLE HOUR FOR THE PURPOSES O	AGENT. I AGREE TO CONFORM TO ALL PERMIT IS ISSUED, I CERTIFY THAT THE
PRINTED NAMEMaritza Teruel	OWNER/AUTHORIZED AGENT
SIGNED Maritza Terusl OWNER / AUTHORIZED AGENT	DATE_ 1.26.2021
APPROVED BY CODE ENFORCEMENT OFFICER 3/12/21 YES	NO NO
ESTIMATED COST INCLUDING MATERIALS & LABOR \$	DATE
DEDMIT FFF 77,000 (77,000)	D: CASH CHECK#_067105