

Town of Long Island



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BUILDING PERMIT APPLICATION# 640

LOT# 906 ZONE IRZ LOT SIZE 15120 STREET LOCATION 40 Hickok Lane

OWNER/APPLICANT Marilyn H. Connor

OWNER/APPLICANT ADDRESS 40 Hickok Lane

TELEPHONE HOME 207-232-7610 WORK — CELL —

CONTRACTOR Self - subcontractor

ADDRESS Same

TELEPHONE WORK — CELL — JOB SITE —

EMAIL remartircon@gmail.com

APPLICATION TYPE

— NEW PRINCIPAL STRUCTURE

— ADDITION

— RELOCATION

☒ NEW ACCESSORY STRUCTURE

— ALTERATION

— REPLACEMENT

— REPAIR

PROJECT DESCRIPTION (BRIEF EXPLANATION OF WORK TO BE DONE):

shed 14X16 SHED for yard equipment

DIMENSIONS OF PROPOSED STRUCTURE

PROPOSED FOUNDATION TYPE:

— FULL 10'

— FULL 8'

— 4' FROST WALL

☒ PIER

— SLAB

SETBACKS OF PROPOSED STRUCTURES (MUST BE SHOWN ON "REQUIRED" SITE PLAN)

FRONT 15 FT

SIDES 30 FT/ — FT

REAR 40 FT ^{approx.}

BUILDING HEIGHT

THE VERTICAL DISTANCE FROM THE AVERAGE ORIGINAL GRADE TO THE TOP OF THE HIGHEST ROOF BEAMS OF A FLAT ROOF, OR TO THE MEAN LEVEL OF THE HIGHEST GABLE OR SLOPE OF GABLE OR HIP ROOF. (MAX 35' ALLOWED)

EXISTING STRUCTURES _____ FT

PROPOSED STRUCTURES _____ FT

FOR STRUCTURES TO BE OCCUPIED OR FOR AN INCREASE IN THE # OF BEDROOMS TO BE SERVICED BY PRIVATE SEPTIC SYSTEM:

OF EXISTING BEDROOMS _____ # OF ADDITIONAL BEDROOMS _____

CEO PERMIT CHECKLIST:

SEASONAL CONVERSION _____ YES _____ NO
SEPTIC REVIEW NEEDED _____ YES _____ NO
SEPTIC DESIGN NEEDED _____ YES _____ NO
EXISTING LOT COVERAGE _____ OVER ON COVERAGE _____ YES _____ NO

NO BUILDING HEREAFTER ERECTED SHALL BE OCCUPIED OR USED, IN WHOLE OR IN PART, UNTIL A CERTIFICATE OF OCCUPANCY SHALL HAVE BEEN ISSUED BY THE CODE ENFORCEMENT OFFICER.

MINIMUM OF THREE INSPECTION REQUIRED FOR ALL CONSTRUCTION WORK.

1. FOUNDATIONS (FOOTINGS, WALLS, DRAINAGE, WATER PLUG)
2. FRAMING (PRIOR TO COVERING STRUCTURAL MEMBERS)
3. FINAL INSPECTION BEFORE OCCUPANCY

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING AND SHORELAND CONSTRUCTION MAY REQUIRE MAINE DEP PERMIT

THIS PERMIT APPLICATION DOES NOT PRECLUDE THE APPLICANT(S) FROM MEETING APPLICABLE STATE AND FEDERAL RULES.

THIS PERMIT WILL BE COME NULL AND VOID IF CONSTRUCTION IS NOT STARTED WITHIN SIX MONTHS OF PERMIT ISSUE DATE.

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS THEIR AGENT. I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. IN ADDITION, IF THIS PERMIT IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR HIS REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER ALL AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR FOR THE PURPOSES OF INSPECTING SAID WORK.

PRINTED NAME Marilyn H. Connor OWNER/AUTHORIZED AGENTSIGNED Marilyn H. Connor DATE 7/8/22
OWNER / AUTHORIZED AGENTAPPROVED BY CODE ENFORCEMENT OFFICER P YES _____ NO _____

SIGNED _____ DATE _____

ESTIMATED COST INCLUDING MATERIALS & LABOR \$ _____

PERMIT FEE: 50.00
(SEE PAGE 4 FOR PERMIT FEE SCHEDULE)PAID: CASH _____ CHECK# 7180

