Town of Long Island





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BUILDING PERMIT APPLICATION# (054

LOT#_459-0 ZONELOT SIZE 62,370 STREET LOCATION_495 Fern Avenue
OWNER/APPLICANT Kathleen & Peter Dodwell
OWNER/APPICANT ADDRESS 495 Fern Avenue
TELEPHONE HOME 603-682-7471 WORK CELL
CONTRACTOR Phil Fabiano (Islands Builder)
ADDRESS_ 11 Gerry Avenue, South Portland, ME
TELEPHONE WORK 207-879-4677 CELL 207-329-5110 JOB SITE
EMAILiblongtoo@yahoo.com
APPLICATION TYPE NEW PRINCIPAL STRUCTUREADDITIONRELOCATION X_NEW ACCESSORY STRUCTUREALTERATIONREPLACEMENT REPAIR PROJECT DESCRIPTION (BRIEF EXPLANATION OF WORK TO BE DONE): Construction of an accessory structure per Architectural Plans produced by Houses and Barns by John Libby. Septic plan on file with Town.
20/1/6/ 20
DIMENSIONS OF PROPOSED STRUCTURE See architectural drawings for building footprint.
PROPOSED FOUNDATION TYPE:FULL 10'FULL 8'Y FROST WALLPIERSLAB
SETBACKS OF PROPOSED STRUCTURES (MUST BE SHOWN ON "REQUIRED" SITE PLAN)
FRONT FT SIDES FT/ FT REAR FT (See architectural site plan for setback compliance)

Long Island Building Permit Application - Page 1 of 4

BUILDING HEIGHT THE VERTICAL DISTANCE FROM THE AVERAGE ORIGINA ROOF BEAMS OF A FLAT ROOF, OR TO THE MEAN LEVEL GABLE OR HIP ROOF. (MAX 35' ALLOWED) (See architectural drawings for building height) EXISTING STRUCTURESFT PRO	aht)
FOR STRUCTURES TO BE OCCUPIED OR FOR AN INCI SERVICED BY PRIVATE SEPTIC SYSTEM:	REASE IN THE # OF BEDROOMS TO BE
# OF EXISTING BEDROOMS # OF AD	DITIONAL BEDROOMS
EXISTING LOT COLLEGE	COVERAGEYESNO
NO BUILDING HEREAFTER ERECTED SHALL BE OCCUPIE A CERTIFICATE OF OCCUPANCY SHALL HAVE BEEN OFFICER.	D OR USED, IN WHOLE OR IN PART, UNTIL ISSUED BY THE CODE ENFORCEMENT
MINIMUM OF THREE INSPECTION REQUIRED FOR ALL CO 1. FOUNDATIONS (FOOTINGS, WALLS, DRAINAGE, WA 2. FRAMING (PRIOR TO COVERING STRUCTURAL MEM 3. FINAL INSPECTION BEFORE OCCUPANCY	(TER PLUG)
SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, P SHORELAND CONSTRUCTION MAY REQUIRE MAINE DEP	PERMIT
THIS PERMIT APPLICATION DOES NOT PRECLUDE THE A	
THIS PERMIT WILL BE COME NULL AND VOID IF CONS	STRUCTION IS NOT STARTED WITHIN SIX SUE DATE.
I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF T AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS APPLICABLE LAWS OF THIS JURISDICTION. IN ADDITION, IF CODE OFFICIAL OR HIS REPRESENTATIVE SHALL HAVE THE BY SUCH PERMIT AT ANY REASONABLE HOUR FOR THE PURF	THIS PERMIT IS ISSUED, I CERTIFY THAT THE
PRINTED NAME PERSON DO VWEIL	OWNER/AUTHORIZED AGENT
SIGNED OWNER / AUTHORIZED AGENT	DATE 12/1-/>2
APPROVED BY CODE ENFORCEMENT OFFICER 14/1/2	YESNO
SIGNED AND THE	DATEDATE
ESTIMATED COST INCLUDING MATERIALS & LABOR \$	12.12
PERMIT FEE: WABEL 489.60	PAID: CASH CHECK#_2927_
(SEE PAGE 4 FOR PERMIT FEE SCHEDULE)	AUG W