# TOWN OF ROBBINSTON

## **BUILDING PERMIT APPLICATION**

### PLANNING BOARD MEETINGS WHEN: THIRD THURSDAY OF EVERY MONTH AT 6:00 P.M. WHERE: ROBBINSTON TOWN OFFICE (NO MEETINGS IN NOVEMBER & DECEMBER DUE TO THE HOLIDAYS)

AS OF 4/20/2023 THERE WILL BE A MINIMUM OF 10 DAYS FOR THE PLANNING BOARD AND CODE ENFORCEMENT OFFICER TO REVIEW ANY SUBMITTED APPLICATION(S) BEFORE A BUILDING PERMIT IS ISSUED. PLEASE TAKE THIS INTO CONSIDERATION WHEN SCHEDULING CONTRACTORS AND SERVICES. NO WORK IS TO BEGIN WITHOUT AN APPROVED BUILDING PERMIT APPLICATION.

### **IMPORTANT INFORMATION**

• You must be present when your application is presented to the board. Please do not ask a board member to submit your application for you.

### • NO APPLICATIONS WILL BE APPROVED WITHOUT PROPER INTERIOR AND EXTERIOR PLUMBING PERMITS.

Applicant must sign all yellow highlighted areas (Pages 1 and 5).

### CONTACT INFO

- Chad Allen Planning Board Secretary 207-904-8649
- Eric Morrell Planning Board Chairman 207-904-7912
- Andrew Snowman Code Enforcement Officer 207-214-6300
- Terry Johnson Licensed Plumbing Inspector 207-454-8317
  - Dana Altvater Site Evaluator 207-853-2462

### PAYMENTS AND FEES

- We only accept CHECKS and CASH
- If paying by check, please make payable to: TOWN OF ROBBINSTON
- Application fee is \$50.00 per application (FEE STILL APPLIES TO DENIED APPLICATIONS)
  - Square footage fee is \$0.08 per square foot (EX. 1,200 SQ. FT. HOME IS: 1,200x\$0.08=\$96.00)
    - PAYMENT IS DUE UPON APPROVAL OF YOUR APPLICATION

### PERMIT #\_\_\_\_ TOWN OF ROBBINSTON BUILDING PERMIT APPLICATION

### I AM APPLYING FOR A: \_\_\_\_SHORELAND ZONE PERMIT \_\_\_\_LAND USE PERMIT

#### APPLICANT INFORMATION

Applicant Phone #:       Home:       Cell:         Applicant Address:       PROPERTY INFORMATION         Property Address/Location:       Tax Map/Page & Lott #:         Zoning District: (check onc)       Residential       Commercial         Property Owner Name:       Property Owner Name:       Property Owner Name:         Property Owner Name:       Cell:       Property Owner Name:         Property Owner Phone #: Home:       Cell:       Property Owner Phone #: Home:	Applicant Name:					
PROPERTY INFORMATION         Property Address/Loct #:	**	Home:		Cell	9 9	
Property Address/Location:         Tax Map/Page & Lot #:         Zoning District: (check one)         Property Owner Name:         Property Owner Phone #: Home:         Cell:         Please check all that apply:        New Construction        Alteration        Commercial        New Construction        Alteration        Commercial        New Construction        Alteration        Commercial        New Construction        New Construction        New Construction        New Construction        New Construction	Applicant Address:					
Tax Map/Page & Lot #:	Γ		ERTY INFO	RMATION		
Zoning District: (check one)       Residential       Commercial         Property Owner Phone #: Home:       Cell:         Please check all that apply:						
Property Owner Name:	· · · · ·					
Property Owner Phone #: Home:       Cell:         Please check all that apply:		/ _	dential	Commercial		
Please check all that apply:New ConstructionAlterationCommercialResidenceYear-RoundSeasonal Existing Use of Property:	1 2		(	N-11.		
New ConstructionAlterationCommercialResidenceYear-RoundSeasonal Existing Use of Property:	Property Owner Phon			len:		
Existing Use of Property:   Describe Intended Use of Property:  CONSTRUCTION INFORMATION  Please provide the square footage of each:  Slab	Please check all that a	pply:				
Describe Intended Use of Property:   CONSTRUCTION INFORMATION  Please provide the square footage of each: SlabBasement1 <sup>at</sup> Floor2 <sup>ad</sup> FloorGarageOther  Mobile Home Make and Model:  Year: Width & Length: Estimated Cost of Construction: Contractor Name: Contractor Name: Contractor Phone #: LAND INFORMATION Describe Land Alteration:  Please provide the square footage of each:GravelGeneral FillSandLoamRocksRip-Rap Footage on Road: Footage Covered by Vegetation Surfaces: Projects requiring septic systems must have a design by a licensed soil evaluator. If a closed vault, a plambing permit is also required. It is the reponsibility of the applicant to obtain all required permits: local, federal, and state and to pay all required fees before work begins. The undersigned agrees to compy with all municipal, state, and federal laws and regulations.	New Construction	nAlteration	Commercial	Residence	Year-Roun	d <u>S</u> easonal
CONSTRUCTION INFORMATION         Please provide the square footage of each:        Slab      Basement      1* Floor      Garage      Other         Mobile Home Make and Model:	Existing Use of Prope	erty:				
CONSTRUCTION INFORMATION         Please provide the square footage of each:        Slab      Basement      1* Floor      Garage      Other         Mobile Home Make and Model:		(D)				
Please provide the square footage of each:         Slab      Basement      1" Floor      Garage      Other         Mobile Home Make and Model:       Garage      Other         Mobile Home Make and Model:	Describe Intended Us	se of Property:				
SlabBasement1 <sup>st</sup> Floor2 <sup>nd</sup> FloorGarageOther Mobile Home Make and Model: Year: Width & Length: Estimated Cost of Construction: Contractor Name: Contractor Phone #: LAND INFORMATION Describe Land Alteration: Please provide the square footage of each: GravelGeneral FillSandLoamRocksRip-Rap Footage on Road: Footage Covered by Vegetation Surfaces: Projects requiring septic systems must have a design by a licensed soil evaluator. If a closed vault, a plumbing permit is also required. It is the responsibility of the applicant to obtain all required permits: local, federal, and state and to pay all required fees before work begins. The undersigned agrees to comply with all municipal, state, and federal laws and regulations.		CONSTR	UCTION IN	FORMATIC	N	
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Year:         Width & Length:         Estimated Cost of Construction:         Contractor Name:         Contractor Phone #:         LAND INFORMATION         Describe Land Alteration:	51ab	Basement	1 <sup>st</sup> Floor	2 <sup>nd</sup> Floor	Garage	Other
Width & Length:         Estimated Cost of Construction:         Contractor Name:         Contractor Phone #:         LAND INFORMATION         Describe Land Alteration:         Please provide the square footage of each:        Gravel      General Fill        Gravel      General Fill        Rocks      Rip-Rap         Footage on Road:		and Model:				
Estimated Cost of Construction:         Contractor Name:         Contractor Phone #:         LAND INFORMATION         Describe Land Alteration:         Please provide the square footage of each:        Gravel      General Fill        Gravel      General Fill        Gravel      General Fill        Sand      Rocks        Rip-Rap         Footage on Road:         Footage Covered by Vegetation Surfaces:         Projects requiring septic systems must have a design by a licensed soil evaluator. If a closed vault, a plumbing permit is also required. It is the responsibility of the applicant to obtain all required permits: local, federal, and state and to pay all required fees before work begins. The undersigned agrees to comply with all municipal, state, and federal laws and regulations.	Year:					
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Applicant Signature Date	responsibility of the applicant to	obtain all required permits	: local, federal, and stat			
	Applicant Signature				Date	
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## **TOWN OF ROBBINSTON** BUILDING PERMIT APPLICATION

### Please include:

- Lot boundaries with abutting properties.
- Area to be cleared of trees and vegetation.
- Exact position of proposed structures including decks.
- Out buildings with accurate setback distances from the shoreline.
- Side and rear property lines.
- Location of proposed wells, septic systems, driveways.
- Area and amounts to be filled or graded.

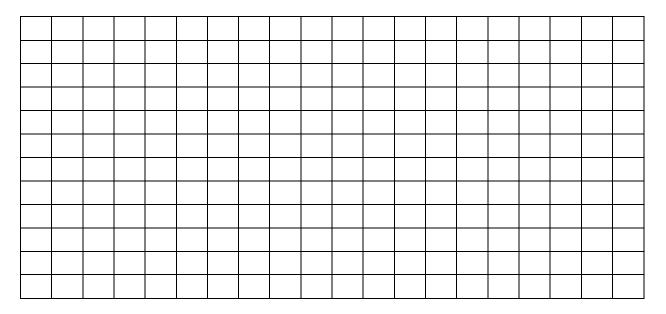
### \*\*\*If this is an expansion of an existing structure, please distinguish between the existing structure and the proposed expansion.

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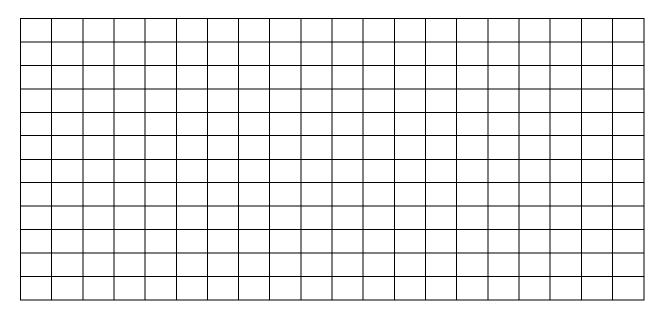
## PERMIT #\_\_\_\_ TOWN OF ROBBINSTON BUILDING PERMIT APPLICATION

## SITE PLAN

### FRONT AND REAR EVALUATION



### SIDE EVALUATION



### PERMIT #\_\_\_\_ TOWN OF ROBBINSTON BUILDING PERMIT APPLICATION

THIS APPLICATION IS: \_\_\_\_ APPROVED \_\_\_\_ DENIED

IF APPROVED, THE FOLLOWING CONDITIONS ARE PRESCRIBED:

IF DENIED, THE REASON FOR DENIAL IS:

NOTE: IF APPROVING A SHORELAND ZONING PERMIT, THE PROPOSED SHALL COMPLY WITH INFORMATION IN THIS APPLICATION AND REQUIREMENTS OF THE SHORELAND ZONING ORDINANCE FOR THE TOWN OF ROBBINSTON AND THE STATE OF MAINE.

CODE ENFORCEMENT OFFICER SIGNATURE

DATE

## **TOWN OF ROBBINSTON** BUILDING PERMIT APPLICATION

#### ADDITIONAL PERMITS, APPROVALS AND OR REVIEWS REQUIRED

CHECK IF REQUIRED	GRANTED	DATE	NO.
Planning Board Review/Approval	<u> </u>		
Board of Appeals Review/Approval	<u></u>	<u> </u>	<u></u>
Flood Hazard Development Permit			
Exterior Plumbing Permit (approved HHE 200 App. Form)			
Interior Plumbing Permit			
DEP Permit (Site Location, Natural Resource Act)			
Army Corps Engineers Permit			
Electrical Permit			
D.O.T. Permit			
Borrow Pit			
E.P.A.			
Town Road Review			

Note: Applicant is advised to consult with the Code Enforcement Office and appropriate State and Federal agencies to determine whether additional permits, approvals and reviews are required. I certify that all the information given in this application is accurate. All proposed use shall be in conformance with this application and the Town of Robbinston Shoreland Zoning ordinances. I agree to future inspections by the Code Enforcement office at reasonable hours.

APPLICANT SIGNATURE		DATE
CHAIRMAN SIGNATURE		DATE
MEMBER SIGNATURE		DATE
MEMBER SIGNATURE		DATE
MEMBER SIGNATURE		DATE
MEMBER SIGNATURE		DATE
	PAYMENT INFO	
APPLICATION FEE	SQ. FT. FEE	TOTAL DUE
PAYMENT TYPE:	CASH	CHECK