

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)

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 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
- Tim Krug – Code Enforcement Officer – 207-904-8065
- 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

TOWN OF ROBBINSON

BUILDING PERMIT APPLICATION

I AM APPLYING FOR A: SHORELAND ZONE PERMIT LAND USE PERMIT

APPLICANT INFORMATION

Applicant Name:		
Applicant Phone #:	Home:	Cell:
Applicant Address:		

PROPERTY INFORMATION

Property Address/Location:		
Tax Map/Page & Lot #:		
Zoning District: (check one) <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		
Property Owner Name:		
Property Owner Phone #:	Home:	Cell:

Please check all that apply:

New Construction Alteration Commercial Residence Year-Round Seasonal

Existing Use of Property:

Describe Intended Use of Property:

CONSTRUCTION INFORMATION

Please provide the square footage of each:

Slab Basement 1st Floor 2nd Floor Garage Other

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:

Gravel General Fill Sand Loam 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.

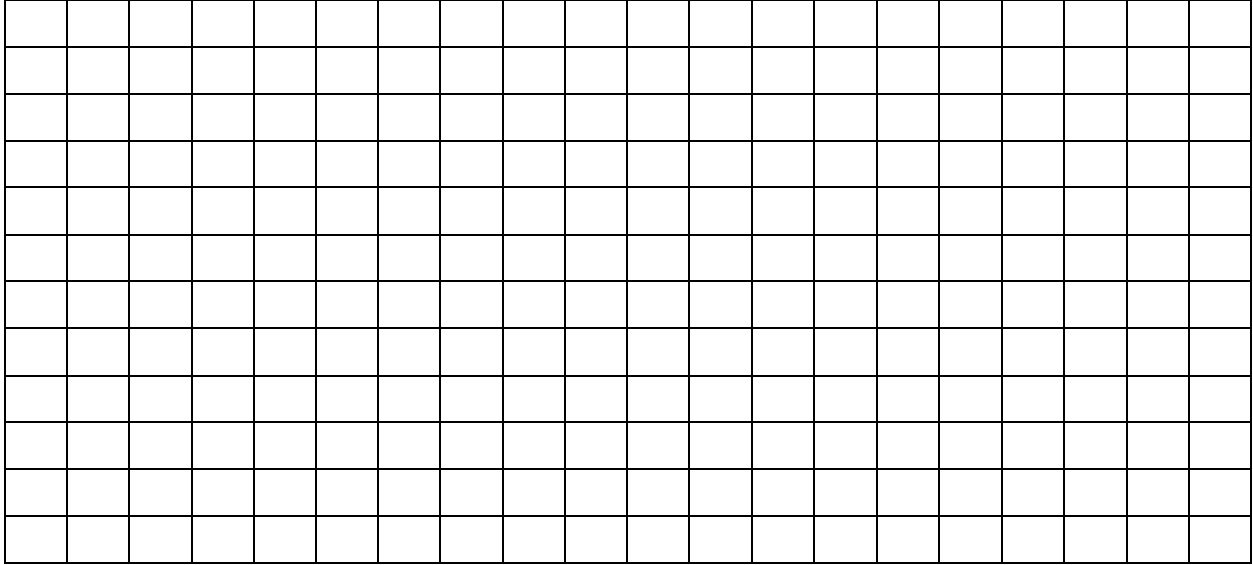
Applicant Signature _____

Date _____

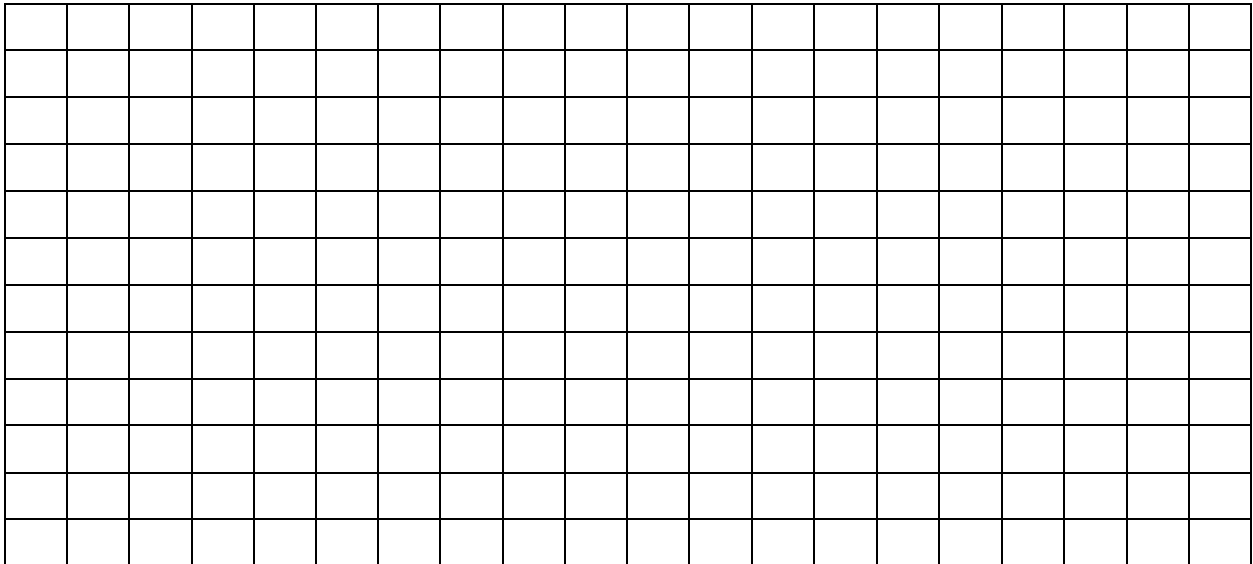
**TOWN OF ROBBINSTON
BUILDING PERMIT APPLICATION**

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.
<input type="checkbox"/> Planning Board Review/Approval	_____	_____	_____
<input type="checkbox"/> Board of Appeals Review/Approval	_____	_____	_____
<input type="checkbox"/> Flood Hazard Development Permit	_____	_____	_____
<input type="checkbox"/> Exterior Plumbing Permit <small>(approved HHE 200 App. Form)</small>	_____	_____	_____
<input type="checkbox"/> Interior Plumbing Permit	_____	_____	_____
<input type="checkbox"/> DEP Permit (Site Location, Natural Resource Act)	_____	_____	_____
<input type="checkbox"/> Army Corps Engineers Permit	_____	_____	_____
<input type="checkbox"/> Electrical Permit	_____	_____	_____
<input type="checkbox"/> D.O.T. Permit	_____	_____	_____
<input type="checkbox"/> Borrow Pit	_____	_____	_____
<input type="checkbox"/> E.P.A.	_____	_____	_____
<input type="checkbox"/> 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 _____