

# Town of Dixmont

## ~ Application for Plan Examination and Building Permit ~

Name: _____	Map: <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	Lot: <span style="background-color: yellow; border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
Mailing Address: _____	Book: _____	Page: _____
	Deed Attached?      Y      N	

**IMPORTANT – Applicant to complete all items in Sections I, II, III, IV, and V.**

Section I – Location of Building	
Physical/Street Address: _____	
Nearest Mailbox Number: _____	Distance to Nearest Mailbox: _____
Subdivision Name: _____	Lot Size: _____

Section II – Type and Cost of Building
All applicants complete Parts A – D

### A. Type of Improvement ( the appropriate box)

1	New Building	5	Moving (relocation)
2	Addition (if residential, enter number of new housing units added in block D-13)	6	Wrecking (if multi-family residential, enter number of units in building in block D-13)
3	Alteration (see 2, above)	7	Foundation only
4	Repair or replacement		

### B. Ownership ( the appropriate box)

8	Private (industrial, corporation, non profit institution, etc.)	9	Public (Federal, State, or local government)
---	---	---	--

### C. Cost

10	Cost of improvement	\$	Nonresidential – Describe in detail the proposed use of buildings, e.g., automotive garage, farm building, store, etc. If the use of an existing structure is being changed, enter the proposed use.  _____  _____  _____
	To be installed but not included in the cost entered in block C-10.		
	a. Electrical		
	b. Plumbing		
	c. Heating/air conditioning		
	d. Other		
11	TOTAL COST OF IMPROVEMENTS	\$	

**D. Proposed Use ( the appropriate box)**

Residential		Nonresidential	
12	One family	17	Amusement/Recreational
13	Two or more family –# of units	18	Church or Religious
14	Garage	19	Industrial
15	Carport	20	Service Station/Repair Garage
16	Other – Please Specify	21	Hospital/Institutional
		22	Office/Professional
		23	Public Utility
		24	School/Library/Educational
		25	Stores
		26	Tanks/Towers
		27	Other – Please Specify

**Section III – Selected Building Characteristics**  
 For new buildings and additions, complete Parts E – L, for wrecking complete Part J, all others skip to Section IV.

**E. Principal Type of Frame ( the appropriate box)**

28	Masonry (wall bearing)	31	Reinforced Concrete
29	Wood Frame	32	Other – Please Specify
30	Structural Steel		

**F. Principal Type of Heating Fuel ( the appropriate box)**

33	Gas	36	Coal
34	Oil	37	Wood
35	Electricity	38	Other – Please Specify

**G. Type of Sewage Disposal ( the appropriate box)**

39	Septic Design, New, Attached	40	Septic Design, Repair/Replace
----	------------------------------	----	-------------------------------

H. Type of Water Supply ( the appropriate box)

41	Drilled Well	42	Spring or Other
----	--------------	----	-----------------

I. Road Entrance Permit ( the appropriate box)

43	Local Road	44	State Aid Road or State Highway
----	------------	----	---------------------------------

J. Dimensions

45	Number of stories	
46	Total square feet of floor area, all floors, based on outside dimensions	
47	Total land area in square feet (Note: 43,560 square feet equals 1 acre)	

K. Manufactured Housing (attach sales tax certificate)

48	Mobile Home Cost	\$
49	Double Wide Cost	\$
50	Modular Home Cost	\$

L. Residential Buildings Only

51	Number of Bedrooms		52	Number of Bathrooms	
----	--------------------	--	----	---------------------	--

M. Tree Growth

Is the property in the Tree Growth Program?      Y      N      If yes, enter amounts in blocks below.					
Softwood		Hardwood		Mixed Wood	

**Section IV – Identification**

To be completed by all applicants.

<i>Name</i>		<i>Complete Mailing Address</i>	<i>Telephone</i>
Owner or Lessee			
Contractor			
Architect or Engineer			

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant:	Address:	Date:

**Section V – Site Sketch**

To be completed by all applicants.

In the space provided or on additional paper, provide a sketch of the layout of the proposed structure, including adjacent roads, intersections, driveway locations, approximate property lines, and magnetic north.



**DO NOT WRITE BELOW THIS LINE**

**Section VI – Plan Review Record – For Office Use Only**

<i>Review Required</i>	<i>Check</i>	<i>Fee</i>	<i>Date Plan Started</i>	<i>By</i>	<i>Date Approved</i>	<i>By</i>	<i>Notes</i>
Building							
Plumbing							
Mechanical							
Electrical							
Other							

**Section VII – Additional Permits Required or Other Jurisdiction Approvals**

<i>Permit or Approval</i>	<i>Check</i>	<i>Date Obtained</i>	<i>#</i>	<i>By</i>	<i>Permit or Approval</i>	<i>Check</i>	<i>Date Obtained</i>	<i>#</i>	<i>By</i>
Board of Appeals					Plumbing				
Boiler					Roofing				
Electrical					Sewer				
Furnace					Shoreland Zone				
Grading					Sign or Billboard				
Oil Burner					Street Grades				
Other					Use/Public Areas				
Planning Board					Wrecking				

**Section VIII – Validation**

Building Permit Number		Approved By:
Building Permit Issued		
Building Permit Fee	\$	
Plan review Fee	\$	Title