



City of Belfast
 Dept. of Planning and Code Enforcement
 131 Church St., Belfast, ME 04915
 Voice (207) 338-1417 Ext. 125
 Fax (207) 338-1605

BUILDING PERMIT APPLICATION

| | | | | | |
|--|-----------------------------|---------------------------------|------------------------------|-------------------------------|-----------------------------|
| Property Owner _____ | | Property Address _____ | | Map _____ | Lot _____ |
| Mailing Address (If Different) _____ | | City _____ | State _____ | ZIP _____ | |
| Phone _____ | Cell _____ | Email _____ | | | |
| Applicant/Contractor (If Different) _____ | | | | | |
| Mailing Address _____ | | City _____ | State _____ | ZIP _____ | |
| Phone _____ | Cell _____ | Email _____ | | | |
| Design Professional, Consultant, or Engineer (If Any) _____ | | | | | |
| Mailing Address _____ | | City _____ | State _____ | ZIP _____ | |
| Phone _____ | Cell _____ | Email _____ | | | |
| Zoning District _____ | Flood Zone District | | <input type="checkbox"/> VE | <input type="checkbox"/> A | <input type="checkbox"/> AE |
| | <input type="checkbox"/> AO | <input type="checkbox"/> None | | | |
| Shoreland District | <input type="checkbox"/> GD | <input type="checkbox"/> LR | <input type="checkbox"/> RP | <input type="checkbox"/> UR | <input type="checkbox"/> SP |
| | <input type="checkbox"/> SD | <input type="checkbox"/> WF | <input type="checkbox"/> MHP | <input type="checkbox"/> None | |
| Elevation, If Any _____ | Elevation Certificate | | <input type="radio"/> Yes | <input type="radio"/> No | |
| Applicant Estimated Cost _____ | | CEO Determination of Cost _____ | | | |
| <p>I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for denial of my permit. I agree to inspections by the Code Enforcement Officer at reasonable hours. I agree to abide by the City requirements and permit conditions.</p> | | | | | |
| Applicant Signature _____ | | | | Date _____ | |

| FOR OFFICE USE ONLY | | | | | |
|----------------------------|-----------------|--|-------------------|--|--|
| Fee _____ | Paid By _____ | | Date Paid _____ | | |
| Permit No. _____ | Issued By _____ | | Date Issued _____ | | |

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Please include foundation to ridge cross section.
Code Enforcement Officer may also need Engineered Plans.

| TYPE OF IMPROVEMENT(S) | |
|--|-------------------------------------|
| <input type="checkbox"/> New Building or Structure | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Repair/Replace | <input type="checkbox"/> Renovation |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Other |
| Other Desc. _____ | |

| USE OF BUILDING/PROPERTY | |
|--|---|
| <p><i>RESIDENTIAL</i></p> <input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi-Family # Units _____ <input type="checkbox"/> Mobile Home Model _____ Year _____ Serial Number _____ <input type="checkbox"/> Garage <input type="checkbox"/> Shed <input type="checkbox"/> Deck <input type="checkbox"/> Fence <input type="checkbox"/> Ramp <input type="checkbox"/> Stairs <input type="checkbox"/> Other _____ | <p><i>NON-RESIDENTIAL/MIXED USE</i></p> <input type="checkbox"/> Retail and Wholesale <input type="checkbox"/> Office, Bank, Professional Services <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging, Hotel, Motel <input type="checkbox"/> Amusement, Recreational <input type="checkbox"/> School, Library, Institutional <input type="checkbox"/> Service Station, Repair Garage <input type="checkbox"/> Healthcare Facilities and Services <input type="checkbox"/> Industrial and Manufacturing <input type="checkbox"/> Construction Services <input type="checkbox"/> Storage, Warehouse <input type="checkbox"/> Other _____ |

Please provide a plot plan [] showing [] the location and size of any existing and proposed buildings, roads, driveways, Uptic Systems, wells, land clearing and landscaping []

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|-------------------------|---------------------------|--------------|--------------|

| | |
|--------------------------------------|--|
| STRUCTURE SIZE - Structure #1 | Attach page for each additional structure |
|--------------------------------------|--|

| Required Setbacks | Existing Setbacks | Proposed Setbacks |
|-------------------|-------------------|-------------------|
| Front | Front | Front |
| Side | Side | Side |
| Side | Side | Side |
| Rear | Rear | Rear |
| Height | Height | Height |

| Required Lot Size | Existing Lot Size | Proposed Lot Size |
|-------------------|-------------------|-------------------|
| Area | Area | Area |
| Frontage | Frontage | Frontage |

Description. Describe in detail the work to be done (Example: Add a single story 10 ft. by 15 ft. kitchen addition on a frost wall foundation, with asphalt roofing. Original kitchen to be removed).

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|---|---|
| <input type="checkbox"/> Use Permit By <input type="checkbox"/> CEO <input type="checkbox"/> Planning Board Date | <input type="checkbox"/> Driveway/Entrance <input type="checkbox"/> City <input type="checkbox"/> MDOT Date |
| <input type="checkbox"/> Site Plan Approval By <input type="checkbox"/> CEO <input type="checkbox"/> Planning Board Date | <input type="checkbox"/> Building Permit Date |
| <input type="checkbox"/> Appeals Board Date | <input type="checkbox"/> Shoreland Zone Date |
| <input type="checkbox"/> Plumbing Internal Date | <input type="checkbox"/> Fire Marshal Office <input type="checkbox"/> Construction <input type="checkbox"/> ADA Date |
| <input type="checkbox"/> Electrical <input type="checkbox"/> City <input type="checkbox"/> State Date | <input type="checkbox"/> BOCA or ICC Review Date |
| <input type="checkbox"/> Waste Disposal <input type="checkbox"/> Septic <input type="checkbox"/> City Sewer Date | <input type="checkbox"/> DEP <input type="checkbox"/> Design Review <input type="checkbox"/> Other |
| Conforming <input type="radio"/> Yes <input type="radio"/> No | |

Conditions

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Amendments

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