

FOR OFFICE USE ONLY

DATE RECEIVED:

PERMIT NO:

APPROVED BY:

ISSUE DATE:

FEE AMOUNT:

TOWN OF PATTEN
BUILDING / LAND USE PERMIT APPLICATION

GENERAL INFORMATION

1. APPLICANT	2. APPLICANT'S ADDRESS	3. APPLICANT'S TEL.#
4. PROPERTY OWNER	5. OWNER'S ADDRESS	6. OWNER'S TEL. #
7. CONTRACTOR	8. CONTRACTOR'S ADDRESS	9. CONTRACTOR'S TEL. #
10. PROPERTY LOCATION/ADDRESS	11. TAX MAP#: LOT#:	12. ZONING DISTRICT
13. LOT OF RECORD YEAR ESTABLISHED:	14. CONTIGUOUS LOTS LOT #S:	15. HISTORICAL BUILDING: Y / N
16. CURRENT USE	17. PROPOSED USE	18. COST OF PROJECT
19. DESCRIPTION OF PROJECT OR ACTIVITY:		
20. SPECIAL ZONES OR FEATURES: _____ SHORELAND _____ WETLANDS _____ FLOOD HAZARD AREA _____ DEER WINTERIING AREA _____ SIGNIFICANT WADING BIRD/WATERFOWL HABITAT	21. NUMBER OF STORIES PRESENT _____ PROPOSED _____ TOTAL _____	22. HEIGHT OF BUILDING PRESENT _____ FT PROPOSED _____ FT. TOTAL _____ FT.
23. NUMBER OF BATHROOMS PRESENT _____ PROPOSED _____ TOTAL: _____ FULL _____ HALF # NEW FIXTURES PLANNED _____	24. NUMBER OF BEDROOMS PRESENT _____ PROPOSED _____ TOTAL _____	25. EXISTING SEPTIC SYSTEM IS APPROVED FOR: _____ BEDROOMS
26. TYPE OF WATER SUPPLY PUBLIC _____ SOURCE _____ PRIVATE _____ DRILLED WELL _____ DUG WELL _____	27. ACCESS TO PROPERTY STATE/STATE AID ROAD _____ TOWN ROAD _____ PRIVATE ROAD _____ EASEMENT _____	28. IS A NEW OR REPLACEMENT SEPTIC SYSTEM PLANNED AS PART OF THIS PROJECT? YES _____ NO _____ IF YES, ATTACH SITE EVALUATOR'S HHE-200 DESIGN

PROPERTY/PARCEL INFORMATION

29. ROAD FRONTAGE: _____ FT. _____ CONFORMNG _____ NON-CONFORMING	30. MORE THAN ONE USE ON PROPERTY PRINCIPAL USE: _____ ACCESSORY USE: _____ _____ CONFORMING _____ NON-CONFORMNG
31. SETBACK DISTANCES NON-CONFORMING FRONT: _____ Y/N SIDE: _____ Y/N REAR: _____ Y/N	32. NUMBER OF DWELLING UNITS PRESENTLY ON THIS LOT: _____
33. LOT SIZE: _____ SQ. FT. (OR) _____ ACRES _____ CONFORMING _____ NON-CONFORMING	34. TOTAL SQ. FT. OF ALL BUILDINGS & NON- VEGETATED AREAS PRESENT _____ PROPOSED _____ TOTAL: _____
35. LOT COVERAGE (% OF LOT) PRESENT _____ PROPOSED _____ % ALLOWED IN ZONE _____	36. OFF STREET PARKING / TURN-AROUNDS # SPACES _____ # PROPOSED SPACES _____ TOTAL: _____ TURN-AROUND: ___ Y ___ N

FOR MANUFACTURED / MOBILE HOMES

37. MOBILE HOME SIZE: _____ X _____ YEAR: _____ NEW: _____ USED: _____ TOWN: _____ MAKE: _____ MODEL: _____ INSTALLER: _____	38. MODULAR HOME MANUFACTURER: _____ ORIGIN OF MANUFACTURE: _____ INSTALLER: _____
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OTHER CONSIDERATIONS

39. HEATING UNIT _____ STANDARD OIL-FIRED BOILER _____ COMBINATION SOLID FUEL/OIL BOILER _____ OUTDOOR WOOD BOILER _____ GEO-THERMAL SYSTEM _____ OTHER (PLEASE SPECIFY) _____	40. RENEWABLE ENERGY INSTALLATIONS _____ RESIDENTIAL WIND TURBINE _____ PHOTO-VOLTAIC SOLAR PANELS _____ OTHER (PLEASE SPECIFY)
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SITE PLAN

PLEASE INCLUDE: LOT LINES; AREA TO BE CLEARED OF TREES AND OTHER VEGETATION; THE EXACT POSITION OF EXISTING AND PROPOSED STRUCTURES, INCLUDING DECKS, PORCHES, AND OUT BUILDINGS WITH ACCURATE SETBACK DISTANCES FROM PROPERTY LINES, ROADS, WATERBODIES AND STREAMS; LOCATIONS OF PROPOSED WELLS, SEPTICS AND DRIVEWAYS; ANY AREAS AND AMOUNTS TO BE GRADED OR FILLED; PLEASE DISTINGUISH BETWEEN ALL EXISTING AND PROPOSED STRUCTURES, EXPANSIONS, ROADS AND OTHER CONSTRUCTION ACTIVITIES.

NOTE: FOR ALL PROJECTS WITHIN THE SHORELAND ZONE INVOLVING FILLING, GRADING, OR OTHER SOIL DISTURBANCE YOU MUST PROVIDE A WRITTEN SOIL EROSION CONTROL PLAN DESCRIBING THE MEASURES TO BE TAKEN TO STABILIZE DISTURBED AREAS BEFORE, DURING AND AFTER CONSTRUCTION.

SCALE: _____ = _____ FT.

FRONT OR REAR ELEVATION

SIDE ELEVATION

**DRAW A SIMPLE SKETCH SHOWING EXISTING AND PROPOSED STRUCTURES WITH
DIMENSIONS.**

I CERTIFY THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS ACCURATE. ALL PROPOSED USES SHALL BE IN CONFORMANCE WITH THIS APPLICATION AND THE TOWN OF PATTEN BUILDING CODE. I AGREE TO FUTURE INSPECTIONS BY THE CODE ENFORCEMENT OFFICER AT REASONABLE HOURS.

APPLICANT'S SIGNATURE	DATE:
AGENT'S SIGNATURE(IF APPLICABLE)	DATE:

FOR OFFICE USE ONLY:

APPROVAL OR DENIAL OF APPLICATION:

MAP _____ LOT _____

THIS APPLICATION IS: _____ APPROVED _____ DENIED

IF DENIED, REASON(S) FOR DENIAL:

IF APPROVED, THE FOLLOWING CONDITIONS ARE PRESCRIBED:

CODE ENFORCEMENT OFFICER SIGNATURE:

DATE: