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OFFICE USE	Date Received		Permit Number	
	Date Issued		After-the-Fact	
	Permit Fee		Date Paid	
	Paid By		Receipt Number	

# Town of Nobleboro Building Permit Application

Property Location		Zoning District	Tax Map-Lot	
Owner's Name		Phone	Email	
Mailing Address		City	State	Zip
Applicant's Name (if different from Owner)		Phone	Email	
Contractor		Phone	Email	
Design Professional		Phone	Email	
Cost of Improvements \$	Deed Reference Book: _____ Page: _____	Subdivision Name: _____ Plan #: _____	Lot Size	Lot Coverage

## Use Of Building/Property

<input type="checkbox"/> Residential		<input type="checkbox"/> Commercial	
<input type="checkbox"/> Single-Family Dwelling	<input type="checkbox"/> Lodging	<input type="checkbox"/> Public Assembly	
<input type="checkbox"/> Two-Family Dwelling	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Education	
<input type="checkbox"/> Multi-Family Dwelling—number of units: _____	<input type="checkbox"/> Business	<input type="checkbox"/> Healthcare	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Mercantile	<input type="checkbox"/> Other: _____	

## Type of Improvement

<input type="checkbox"/> New Structure	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Change of Use
<input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Relocation	<input type="checkbox"/> Other: _____	
Describe in detail the work you are doing (for example: building a bedroom and taking out a load bearing wall to enlarge living room; build a new house, garage, etc.). Use a separate sheet if necessary.			

I hereby certify that the proposed work is authorized by the owner and that the owner has authorized me to make this application. I agree to complete any additional applications and/or provide relevant information required by the Code Enforcement Office to receive approval. I also certify that the information provided is accurate to the best of my knowledge and agree to conform to all applicable laws of this jurisdiction.

Signature of Owner or Applicant	Date
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## Building Information for New Structures and Additions

<input type="checkbox"/> Wood	<input type="checkbox"/> Masonry or Steel	<input type="checkbox"/> Heavy Timber	<input type="checkbox"/> Non-Combustible Type 1	<input type="checkbox"/> Non-Combustible Type 2
Wastewater Disposal <input type="checkbox"/> Public Sewer <input type="checkbox"/> Private Septic	Main Structure- Overall Dimensions: _____ ft x _____ ft Number of Stories _____ Building Height _____ ft Secondary Structure- _____ (specify) Overall Dimensions: _____ ft x _____ ft Number of Stories _____ Building Height _____ ft		Number of Bedrooms _____  Number of Bathrooms _____	
	Water Supply <input type="checkbox"/> Public Water <input type="checkbox"/> Private Well		Heating <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other _____  Electrical _____ Amps	
Floor Area (square feet) Basement _____ <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished 1 <sup>st</sup> Story _____ 2 <sup>nd</sup> Story _____ Secondary Structure 1 <sup>st</sup> Story _____ 2 <sup>nd</sup> Story _____				

Most non-residential structures and additions and some alterations require plans drawn and sealed by a licensed architect or engineer.

## Material Specifications

Please fill in the following information and submit a sectional drawing showing these details for each building.

<p style="text-align: center;"><b>Foundation System</b></p> <input type="checkbox"/> Full <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab <input type="checkbox"/> Frost Wall <input type="checkbox"/> Posts Footing Size _____ in x _____ in Wall Thickness _____ in Continuous Foundation Insulation Type _____ R-value _____ Cavity Foundation Insulation Type _____ R-value _____	<p style="text-align: center;"><b>Wall Framing</b></p> Exterior Studs Size _____ Spacing _____ Wall Sheathing _____ Continuous Wall Insulation Type _____ R-value _____ Cavity Wall Insulation Type _____ R-value _____
<p style="text-align: center;"><b>Floor Framing</b></p> 1 <sup>st</sup> Floor Joists Size _____ Spacing _____ Max Span _____ Other Floors Joists Size _____ Spacing _____ Max Span _____ Joist Carriers Size _____ Spacing _____ Max Span _____ Support Columns Size _____ Spacing _____ Floor Sheathing _____	<p style="text-align: center;"><b>Roof Framing</b></p> Roof Pitch _____ <input type="checkbox"/> Truss (require specs) <input type="checkbox"/> Rafters Rafter Size _____ Spacing _____ Max Span _____ Roof Sheathing _____ Roof Covering Type _____ Continuous Roof Insulation Type _____ R-value _____ Cavity Roof Insulation Type _____ R-value _____ Ceiling Joists Size _____ Spacing _____ Max Span _____
<p style="text-align: center;"><b>Decks Only</b></p> Other Floors Joists Size _____ Spacing _____ Max Span _____ Joist Carriers Size _____ Spacing _____ Max Span _____ Support Columns Size _____ Spacing _____ Height of Deck from Grade Level _____ in	<p style="text-align: center;"><b>Secondary Structure</b></p> Foundation _____ Exterior Wall Framing Size _____ Spacing _____ Wall Sheathing _____ Roof Pitch _____ <input type="checkbox"/> Truss (require specs) <input type="checkbox"/> Rafters Rafter Size _____ Spacing _____ Max Span _____ Roof Sheathing _____ Roof Covering Type _____

## Site Plan

On a separate sheet, a simple sketch showing property boundary lines (including streets with labeled street names), bodies of water and their boundaries (where applicable), all existing and proposed structures on the property, existing and proposed driveways, septic system and well (where applicable), and dimensions from any boundary to the proposed structure.

IMPORTANT: The applicant is responsible for calling the CEO with a minimum of 24-hour notice to schedule inspections. No occupancy without completed inspection schedule and an Occupancy Certificate.

A decision of the Code Enforcement Officer for a building code decision may be appealed to the appropriate court of authority within 45 days of the decision. A decision of the Code Enforcement Officer for a zoning decision shall be appealed within 30 days of a decision and filed with the Board of Appeals on forms approved by the Board.

Following the issuance of a permit, if no substantial start is made in construction or in the use of the property within one year of the date of the permit, or if the work is suspended or abandoned at any time after the work is commenced for a period of six months, the permit shall lapse and become void. If work is commenced within the time limits, then the applicant shall have a total of three years to complete the project. An applicant holding an unexpired permit may apply for a one-time extension to up to six months.

### OFFICE USE ONLY

#### Additional Permits, Approval, and/or Inspections Required

Not limited to this list, a letter may be sent following review of the permit application listing missing information and permit applications.

<input type="checkbox"/> Septic or Sewer	<input type="checkbox"/> Shoreland Zoning	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> DEP review
<input type="checkbox"/> Internal Plumbing	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Variance Request	<input type="checkbox"/> FMO review

This application is:

**APPROVED**

Where the following conditions are prescribed:

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**DENIED**

See Letter of Denial for further information.

\_\_\_\_\_  
Code Enforcement Officer

\_\_\_\_\_  
Date

#### Schedule of Inspections

REQUIRED	INSPECTION	DATE	INSPECTOR	NOTES
<input type="checkbox"/>	Location Stakes			
<input type="checkbox"/>	Footings			
<input type="checkbox"/>	Foundation			
<input type="checkbox"/>	Radon			
<input type="checkbox"/>	Framing			
<input type="checkbox"/>	Insulation			
<input type="checkbox"/>	Occupancy			