

TOWN OF WINTER HARBOR

Application for Building / Landuse Permit

ATTENTION CONTRACTORS: As of January 1, 2013, any Contractor doing excavation or site prep work which displaces more than 1 cubic yard of soil within the shoreland zone must be certified by the State to make certain that erosion and sedimentation control practices are in effect. The certified individual must be on site for the duration of the earth moving activity. This is State law that will be enforced by municipal officials. To learn about certification course schedules access www.maine.gov/dep/training/ndstrc-schedule.html or call Bill Laflamme at 207-215-9237.

Cash Receipt Number: _____
Application Received: _____
Permit Number: _____
Permit Date: _____
Federal Code: _____

Applicant name: _____ Telephone number: _____

Street Address: _____

Town: _____ State: _____ Zip Code: _____

Property Owner(if different from above): _____

Street Address: _____

Town: _____ State: _____ Zip Code: _____

TYPE OF PERMIT

BUILDING

New Construction Demolition
 Addition Relocation
 Alteration Repair
 Conversion Other

LAND USE

Clearing
 Timber Harvest
 Excavation
 Back Fill
 Other

LOCATION OF PROPERTY

Map _____ Lot _____ Zone Designation _____

Present Use: _____

Name of Subdivision: _____

Shore Land:(Yes/No) _____ Flood Plain:(Yes/No) _____

DESCRIPTION OF ACTIVITY (Briefly describe the activity to be covered by this permit)

Exterior Dimensions: _____ Number of Floors: _____ Total Square Feet: _____

Type of Water Supply: (Well or Municipal) _____

New or Existing _____

Type of Water Disposal: (Sewer or Septic) _____

*New or Existing _____

*(New systems require a plumbing permit and a HHE-200 (system design)

FEES

\$10 non-refundable application fee. (must be paid when filing application) plus, when permit is issued;

For timber harvest: \$10 per acre

For construction: \$.10 per square foot finished, or \$.05 per square foot unfinished

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Application for Building / Landuse Permit

Millard Billings, CEO
Mbillings46@yahoo.com
(207) 812-2383

Since a permit is issued on the basis of information contained herein, it is important to read this application in its entirety, fill in all blanks that are applicable and attach all requested documents. An incomplete application will result in a denial of the permit.

INCLUDE THE FOLLOWING: (as applicable) originals are not required.

- Proof of ownership.
- Plot Plan (to scale) showing dimensions and structural locations.
- Names of abutting property owners.
- Names and location of abutting rights of way.
- List abutting waterways.
- Show distances of proposed structures to nearest lot line.
- Show location and type of sewage disposal system.
- Show location and type of water supply system.
- Areas of land to be cleared.
- Areas of all earth moving activities.

ATTACH THE FOLLOWING:

- Copy of plumbing permit (if required).
- Copy of subsurface waste water permit.
- Copy of federal, state or local permits and variances regarding the use of this property.
- Complete description of proposed work.
- Copy of building plans and specifications.
- Any other information which will assist in the approval of this application.

PROPOSED START DATE: _____ **PROPOSED COMPLETION DATE:** _____

ESTIMATED COST OF PROJECT: \$ _____

To the best of my knowledge, all information on this application, and its attachments is true and correct. All proposed uses and structures will be in conformance with all applicable ordinances of the Town of Winter Harbor, the laws and codes of the State of Maine and all applicable federal laws.

Signature of applicant

Date

TOTAL FEE: \$ _____

DATE PAID: _____

CEO Action **Approved:** _____ **Denied:** _____ **Referred to Planning Board:** _____

Reason for denial: _____

Approved with the following conditions: _____

CEO signature: _____ **Date:** _____

Planning Board approval(if required): _____ **Date:** _____

NOTE: This form is not a permit. Work is not to begin until all fees are paid and the red and yellow permit card has been posted.

Work must begin within one (1) year from the permit date.