



For Office Use Only	
Permit # _____	Fee _____
Map# _____	Lot# _____
Date Received _____	
Date Paid _____	Receipt # _____

## Town of Boothbay

1011 Wiscasset Rd.  
P.O. Box 106  
Boothbay, Maine 04537-0106

### SHORELAND ZONING BUILDING PERMIT APPLICATION

Site visited prior to permit issuance

Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name (if different) \_\_\_\_\_

Property Address \_\_\_\_\_

Owner's Mailing Address (if different) \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Bus.) \_\_\_\_\_ (Cell) \_\_\_\_\_

Contractor \_\_\_\_\_

Contractor's Address \_\_\_\_\_ Telephone \_\_\_\_\_

Tax Map \_\_\_\_\_ Lot \_\_\_\_\_

Zoning District (Check all that apply):  General Residential  Special Residential  Village

C1  C2  C3  Industrial  Maritime  Watershed Overlay  Shoreland Overlay

### SIGNATURE REQUIRED

In order for the Planning Board to approve this application, the Zoning Ordinance requires the Planning Board to find that the requirements of the Zoning Ordinance have been complied with and the proposal is consistent with the goals and objectives for development in Boothbay as stated in Section III of the Zoning ordinance. The applicant has the responsibility of proving the proposed development and/or use is in conformity with the purposes and provisions of the Zoning Ordinance.

The applicant and owner affirm that they are willing and able, in the event of approval, to undertake and complete all activities in accordance with the approved application and in conformance with the regulations of the Town of Boothbay and in accordance with all conditions for approval required by the Planning Board. In addition, the applicant and owner affirm that they will not make changes to the approved development and/or use unless approval is obtained from the Planning Board or Code Enforcement Officer in accordance with Section 3.5.7, page 3-7 of the Zoning Ordinance of the Town of Boothbay, Maine.

**The undersigned consent to this application and agree to abide by all terms and conditions set forth in this application or required by the Planning Board. A letter of authorizing the development and/or use from the owner to the applicant, if different from the owner, is attached.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of:  Home Owner -or-  Agent (if Agent, Letter of Authorization from owner's required)

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Property Owner's Taxes are paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of Town Tax Collector required _____	

TOWN OF BOOTHBAY

**CONTRACTOR INFORMATION**

**General Contractor / Carpenter** \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

**Plumber** \_\_\_\_\_  Plumber is person submitting application

Address \_\_\_\_\_ Tel \_\_\_\_\_

**Electrician** \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

**Mason** \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

**Excavation / Septic Contractor** \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

**Property Owner** is doing the work.

**Contractor - Sedimentation/Erosion Control Certification #** \_\_\_\_\_

**PROJECT DESCRIPTION**

Description of property including a description of all proposed construction: land clearing, road building, septic systems, and wells \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Proposed Building Height \_\_\_\_\_

Water Supply Type \_\_\_\_\_ Septic System \_\_\_\_\_ Type \_\_\_\_\_

Estimated Cost of Project \_\_\_\_\_ New Driveway Opening Required  Y  N

Existing use of property \_\_\_\_\_

\_\_\_\_\_

Frontage on road (ft) \_\_\_\_\_ Lot Area (sq ft) \_\_\_\_\_

Sq. ft. of lot to be covered by non-vegetated surfaces \_\_\_\_\_

\_\_\_\_\_

## **Submittal Information Requirements**

### **NEW CONSTRUCTION. Please provide the following:**

- Floor Plan showing all rooms and designated use. Dimensions clearly presented.
- Plot plan showing property dimensions with all setbacks clearly shown.
  - All buildings currently on property must be shown. Distances between any and all buildings must be noted.
- New Septic design (HHE-200) must be signed and dated. **3 copies required.**
- Plumbing application must be signed and dated, and include the master plumber's license number if applicable. **3 copies required.**

### **EXISTING STRUCTURES. Please provide the following:**

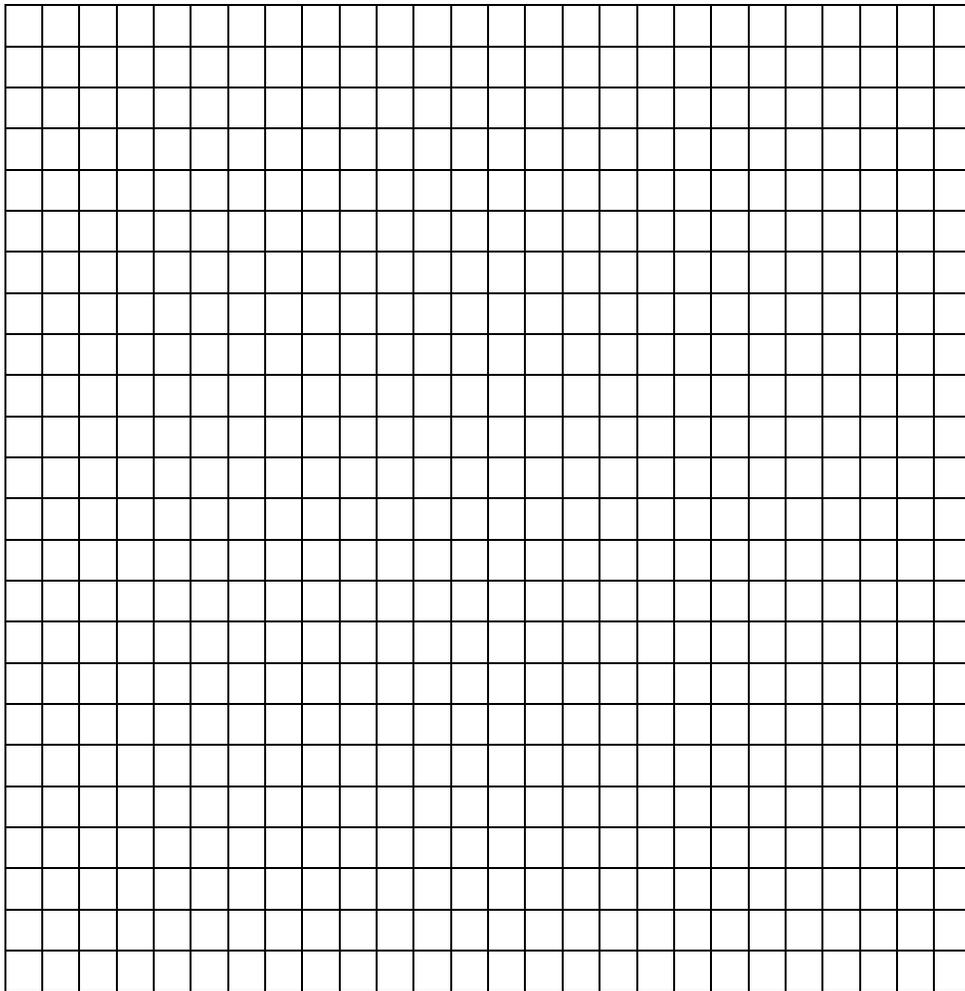
- Floor Plan, showing all rooms and designated use. Dimensions clearly presented.
- Plot plan showing property dimensions with all setbacks clearly shown. **(Only necessary if exterior dimensions are changing).**
  - All buildings currently on property must be shown. Distances between any and all buildings must be noted.
- Bedroom Additions may require a Septic design. **1 copy required.**
- Plumbing application must be signed and dated, and include the master plumber's license number if applicable. **3 copies required.**

**FOR QUESTIONS ABOUT YOUR APPLICATION PLEASE CALL CODE ENFORCEMENT AT 207-633-2192.**

**SITE PLAN**  
**(Required Information)**

- A. Lot lines
- B. Area(s) to be cleared of trees and other vegetation
- C. Location of proposed wells, septic systems, and driveways
- D. Areas and amounts to be filled or graded
- E. Exact position of proposed structures, including decks, porches, out buildings. Use accurate setback distances from shoreline, side and rear property lines

For all projects involving filling, grading, or other soil disturbance you must provide a soil erosion control plan describing the measures to be taken to stabilize disturbed areas before, during and after construction.



SCALE: \_\_\_\_\_ = \_\_\_\_\_ FT.

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This Application is:    **Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_

**If Approved with conditions - The following conditions are prescribed:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If Denied – Reason for Denial:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IN APPROVING A SHORELAND ZONING PERMIT, THE PROPOSED USE SHALL COMPLY WITH THE PURPOSES AND REQUIREMENTS OF THE SHORELAND ZONING ORDINANCE FOR THE TOWN OF BOOTHBAY.**

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

\_\_\_\_\_  
**Date**

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**Inspection Check List**

- Prior to clearing and excavation
- Prior to foundation pour
- Prior to final landscaping
- Prior to occupancy