Date _____

PERMIT APPLICATION WORKSHEET

No. _____

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

ADDITIONAL INFORMATION: _____

_____

_____

BUILDER/CONTRACTOR

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

CONTACT: _____

LICENSE #: _____

TYPE: _____

SITE INFORMATION

TAX PARCEL #: _____ LOT AREA: _____ ACRES / SQ FT TOWNSHIP: BANGOR

LEGAL DESCRIPTION: PART OF NE ¼ - NE ¼, SECT. 16, TOWNSHIP 15 N, RANGE 5 W

CERTIFIED SURVEY: MAP #: _____, VOL: _____ LOT: _____

SUBDIVISION PLAT: LOT: _____, BLOCK: _____, _____

PROPERTY ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

CONSTRUCTION

PROPOSED	HEIGHT	EST COST	WIDTH	LENGTH	SQ FOOTAGE	CONST TYPE
CHOOSE FROM LIST OR ADD NEW	1 STOR					Choose from list or add ne
CHOOSE FROM LIST OR ADD NEW	1 STOR					Choose from list or add ne
CHOOSE FROM LIST OR ADD NEW	1 STOR					Choose from list or add ne
CHOOSE FROM LIST OR ADD NEW	1 STOR					Choose from list or add ne
CHOOSE FROM LIST OR ADD NEW	1 STOR					Choose from list or add ne
CHOOSE FROM LIST OR ADD NEW	1 STOR					Choose from list or add ne

ROOMS _____ # BEDROOMS _____ BASEMENT YES / NO PUBLIC SEWER YES / NO

BATHS _____ # ½ BATHS _____ PUBLIC WATER YES / NO SEPTIC SYSTEM YES / NO / EXISTING

DEPARTMENT USE ONLY

ZONING REQUIREMENTS

ZONING DISTRICT: _____ IF EA: 35 ACRES? o YES o NO

PART OF LARGER FARM? o YES o NO

RELATIONSHIP TO FARM OWNER: _____

SHORELAND: o YES o NO o PARTIAL FLOODPLAIN: o YES o NO o PARTIAL ELEV. CERT. REQ.: o YES o NO o ON FILE LOMA LOMR LOMRF o YES o NO o ON FILE

MINIMUM LOT AREA: _____ o ACRES o SQ FT LOT WIDTH: _____ FT SETBACK DISTANCE BETWEEN BLDGS & DRAINFIELD _____

SETBACK FROM ROAD ROW = _____ OR _____ FT FROM C/L

REAR YARD SETBACK = _____ SIDEYARD SETBACK = (1) _____ + (2) _____ = _____ TOTAL

OTHER PERMITS REQUIRED

COUNTY WELL: o YES o NO # _____ EROSION CONTROL PERMIT: o YES o NO # _____

COUNTY SANITARY: o YES o NO # _____ TOWN BLDG PERMIT: o YES o NO

STATE SANITARY: o YES o NO # _____ OTHER: _____

NOTES: _____

_____

_____