

Town of Long Island



P.O.Box 263 Long Island, ME 04050 207-766-5820

FAX: 207-766-5400

Email: townoflongisland@myfairpoint.net

Website: www.townoflongisland.us

BUILDING PERMIT APPLICATION# 659

LOT# 746 ZONE IR2 LOT SIZE N/A STREET LOCATION _____

OWNER/APPLICANT Brian Arsenault

OWNER/APPLICANT ADDRESS 32 Greenwood

TELEPHONE HOME _____ WORK _____ CELL 207 671-2398

CONTRACTOR TuAF Shed

ADDRESS Warren Ave. Portland

TELEPHONE WORK 2073872849 CELL _____ JOB SITE _____

EMAIL rhazelton@tuafshed.com

APPLICATION TYPE

NEW PRINCIPAL STRUCTURE ADDITION RELOCATION
 NEW ACCESSORY STRUCTURE ALTERATION REPLACEMENT
 REPAIR 8x12 Storage shed

PROJECT DESCRIPTION (BRIEF EXPLANATION OF WORK TO BE DONE):

8x12 STORAGE SHED 3.3.B (6) NOFCO PERMIT

DIMENSIONS OF PROPOSED STRUCTURE _____

PROPOSED FOUNDATION TYPE:

FULL 10' FULL 8' 4' FROST WALL PIER SLAB

SETBACKS OF PROPOSED STRUCTURES (MUST BE SHOWN ON "REQUIRED" SITE PLAN)

FRONT _____ FT SIDES _____ FT/ _____ FT REAR _____ FT

BUILDING HEIGHT

THE VERTICAL DISTANCE FROM THE AVERAGE ORIGINAL GRADE TO THE TOP OF THE HIGHEST ROOF BEAMS OF A FLAT ROOF, OR TO THE MEAN LEVEL OF THE HIGHEST GABLE OR SLOPE OF GABLE OR HIP ROOF. (MAX 35' ALLOWED)

EXISTING STRUCTURES _____ FT

PROPOSED STRUCTURES _____ FT

FOR STRUCTURES TO BE OCCUPIED OR FOR AN INCREASE IN THE # OF BEDROOMS TO BE SERVICED BY PRIVATE SEPTIC SYSTEM:

OF EXISTING BEDROOMS _____ # OF ADDITIONAL BEDROOMS _____

CEO PERMIT CHECKLIST:

SEASONAL CONVERSION	_____ YES	_____ NO
SEPTIC REVIEW NEEDED	_____ YES	_____ NO
SEPTIC DESIGN NEEDED	_____ YES	_____ NO
EXISTING LOT COVERAGE	_____	OVER ON COVERAGE _____ YES _____ NO

NO BUILDING HEREAFTER ERECTED SHALL BE OCCUPIED OR USED, IN WHOLE OR IN PART, UNTIL A CERTIFICATE OF OCCUPANCY SHALL HAVE BEEN ISSUED BY THE CODE ENFORCEMENT OFFICER.

MINIMUM OF THREE INSPECTION REQUIRED FOR ALL CONSTRUCTION WORK.

1. FOUNDATIONS (FOOTINGS, WALLS, DRAINAGE, WATER PLUG)
2. FRAMING (PRIOR TO COVERING STRUCTURAL MEMBERS)
3. FINAL INSPECTION BEFORE OCCUPANCY

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING AND SHORELAND CONSTRUCTION MAY REQUIRE MAINE DEP PERMIT

THIS PERMIT APPLICATION DOES NOT PRECLUDE THE APPLICANT(S) FROM MEETING APPLICABLE STATE AND FEDERAL RULES.

THIS PERMIT WILL BE COME NULL AND VOID IF CONSTRUCTION IS NOT STARTED WITHIN SIX MONTHS OF PERMIT ISSUE DATE.

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS THEIR AGENT. I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. IN ADDITION, IF THIS PERMIT IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR HIS REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER ALL AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR FOR THE PURPOSES OF INSPECTING SAID WORK.

PRINTED NAME Brian Arseneault OWNER/AUTHORIZED AGENT

SIGNED Brian Arseneault DATE 7/28/23
OWNER / AUTHORIZED AGENT

APPROVED BY CODE ENFORCEMENT OFFICER 4/28/23 YES _____ NO _____

SIGNED [Signature] DATE 4/28/23

ESTIMATED COST INCLUDING MATERIALS & LABOR \$ _____

PERMIT FEE: _____ PAID: CASH _____ CHECK# _____
(SEE PAGE 4 FOR PERMIT FEE SCHEDULE)