



# TOWN OF STOCKTON SPRINGS

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Permit Number:		Issue Date:		Fee Amount:	
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## BUILDING/LAND USE APPLICATION General Information

1. APPLICANT	2. APPLICANT'S ADDRESS	3. APPLICANT'S TEL. #
4. PROPERTY OWNER	5. OWNER'S ADDRESS	6. OWNER'S TEL. #
7. CONTRACTOR	8. CONTRACTOR'S ADDRESS	9. CONTRACTOR'S TEL. #
10. LOCATION/ADDRESS OF PROPERTY	11. TAX MAP/LOT #	12. ZONING DISTRICT
13. DESCRIPTION OR PROPERTY INCLUDING A DESCRIPTION OF ALL PROPOSED CONSTRUCTION, (E.G. LAND CLEARING, ROAD CONSTRUCTION, SEPTIC SYSTEMS, AND WELLS-PLEASE NOTE THAT A SITE PLAN SKETCH IS REQUIRED ON PAGE 2)		
14. PROPOSED USE OF PROPERTY	15. ESTIMATED COST OF CONSTRUCTION	
16. LOT AREA	17. FRONTAGE ON ROAD (FT.)	
18. SQ. FT. OF LOT TO BE COVERED BY NON-VEGETATED SURFACES	19. IS PROPERTY PART OF SUBDIVISION?	
20. TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> EXISTING <input type="checkbox"/> PROPOSED	21. HEIGHT OF PROPOSED STRUCTURE	

## SITE PLAN

PLEASE INCLUDE: LOT LINES; AREA TO BE CLEARED OF TREES AND OTHER VEGETATION; THE EXACT POSITION OF PROPOSED STRUCTURES, INCLUDING DECKS, PORCHES, AND OUTBUILDINGS WITH ACCURATE SETBACK DISTANCES FROM THE STREAMS, SIDE AND REAR PROPERTY LINES; THE LOCATION OF PROPOSED WELLS, SEPTIC SYSTEMS, AND DRIVEWAYS; AND AREAS AND AMOUNTS TO BE FILLED OR GRADED. IF THE PROPOSAL IS FOR THE EXPANSION OF AN EXISTING STRUCTURE, PLEASE DISTINGUISH BETWEEN THE EXISTING STRUCTURE AND THE PROPOSED EXPANSION.

NOTE: 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.

**FRONT OR REAR ELEVATION**

**SIDE ELEVATION**

**Draw a simple sketch showing both existing and proposed structures.**

**ADDITIONAL PERMITS, APPROVALS, AND/OR REVIEWS REQUIRED**

CHECK IF REQUIRED:

- PLANNING BOARD REVIEW
- BOARD OF APPEALS
- EXTERIOR PLUMBING PERMIT
- INTERIOR PLUMBING PERMIT
- DEP PERMIT
- ARMY CORPS OF ENGINEERS PERMIT
- OTHERS

NOTE: APPLICANT IS ADVISED TO CONSULT WITH THE CODE ENFORCEMENT OFFICER AND APPROPRIATE STATE AND FEDERAL AGENCIES TO DETERMINE WHETHER ADDITIONAL PERMITS, APPROVALS, AND REVIEWS ARE REQUIRED.

I CERTIFY THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS ACCURATE. ALL PROPOSED USES SHALL BE IN CONFORMANCE WITH THIS APPLICATION AND THE TOWN OF STOCKTON SPRINGS ZONING ORDINANCE. I AGREE TO FUTURE INSPECTIONS BY THE CODE ENFORCEMENT OFFICER AT REASONABLE HOURS.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGENTS SIGNATURE

\_\_\_\_\_  
DATE

**APPROVAL OR DENIAL OF APPLICATION**      **MAP** \_\_\_\_\_ **LOT** \_\_\_\_\_

THIS APPLICATION IS:    \_\_\_ APPROVED    \_\_\_ DENIED

IF DENIED, REASON FOR DENIAL:

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

IF APPROVED, THE FOLLOWING CONDITIONS ARE PRESCRIBED:

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

\_\_\_\_\_  
CODE ENFORCEMENT OFFICER

\_\_\_\_\_  
DATE