Town of CASCO BUILDING PERMIT APPLICATION

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Phone #
Address:

LOCATION OF CONSTRUCTION

Contractor: Sub.
Address: Phone #

Est. Construction Cost: Proposed Use:
Past Use:

# of Existing Res. Units # of New Res. Units
Building Dimensions L W Total Sq. Ft.

# Stories: # Bedrooms Lot Size:

Is Proposed Use: Seasonal Condominium Conversion

Explain Conversion

For Official Use Only

Date
Inside Fire Limits
Lot
Bldg Code
Ownership:
Time Limit:
Estimated Cost:

Subdivision:
Name
Lot
Ownership: Public Private

Street Frontage Provided:
Provided Setbacks: Front Back Side Side

Zoning:

Review Required:
Zoning Board Approval: Yes No Date:
Planning Board Approval: Yes No Date:
Conditional Use: Variance Site Plan Subdivision
Shoreland Zoning Yes No Floodplain Yes No
Special Exception Other (Explain)

Foundation:
1. Type of Soil:
2. Set Backs - Front Rear Side(s)
3. Footings Size:
4. Foundation Size:
5. Other

Floor:
1. Sills Size: Sills must be anchored.
2. Girder Size:
3. Lally Column Spacing:
   Size:
   Spacing 16" O.C.
4. Joists Size:
5. Bridging Type:
6. Floor Sheathing Type:
7. Other Material:

Exterior Walls:
1. Studding Size Spacing
2. No. windows
3. No. Doors
4. Header Sizes Span(s)
5. Bracing: Yes No
6. Corner Posts Size
7. Insulation Type Size
8. Sheathing Type Size
9. Siding Type Weather Exposure
10. Masonry Materials
11. Metal Materials

Interior Walls:
1. Studding Size Spacing
2. Header Sizes Span(s)
3. Wall Covering Type
4. Fire Wall if required
5. Other Materials

Ceiling:
1. Ceiling Joists Size:
2. Ceiling Strapping Size Spacing
3. Type Ceilings:
4. Insulation Type Size
5. Ceiling Height:

Roof:
1. Truss or Rafter Size Span
2. Sheathing Type Size
3. Roof Covering Type

Chimneys:
Type: Number of Fire Places

Heating:
Type of Heat:

Electrical:
Service Entrance Size: Smoke Detector Required Yes No

Plumbing:
1. Approval of soil test if required Yes No
2. No. of Tubs or Showers
3. No. of Flushes
4. No. of Lavatories
5. No. of Other Fixtures

Swimming Pools:
1. Type:
2. Pool Size: x Square Footage

Permit Received By

Signature of Applicant Date
Signature of CEO Date

Inspection Dates

White - Tax Assessor Yellow - Applicant White Tag - CEO