

TOWN OF ACTON

Office of Code Enforcement: 207-636-3497 x410

Email: ceo@actonmaine.org

911 Low Range High Range

MAP # _____ LOT # _____ DATE _____ PERMIT# _____ PLOTTING

-----↑ to be filled in by office ↑-----

Please note: A non-refundable fee of 25% of the estimated total fees is due and payable at the time of application

Owner Information

Point of Contact

Name _____

Name _____

Mailing Address _____

Address _____

Project Address _____

Telephone # _____

Telephone _____

Email _____

Email Address _____

Description of Proposed Construction: _____

Site Information:

Zoning Districts:

- | | |
|---|--|
| <input type="checkbox"/> Shoreland | <input type="checkbox"/> Resource Protection |
| <input type="checkbox"/> Little Ossipee River | <input type="checkbox"/> Mixed Use |
| <input type="checkbox"/> Rural | <input type="checkbox"/> Critical Rural |
| <input type="checkbox"/> Transition | <input type="checkbox"/> Village |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C |

Any Resource Protection on the Property Y N

Square Footage of Lot, _____

Non Vegetated Square Footage of Lot _____

Percentage of Non-Vegetated Lot Coverage _____

Lot Coverage Form Required

Unified Soil Classification Symbol _____

Unified Soil Classification Group: I, II, III, IV

Exposure Category B C D

Building Plan Information:

Living Space _____ square feet

Maximum Building Height _____ feet

Number of Dwellings Units _____

Number of Bedrooms _____

Manufactured Home, Date of Manufacture _____

Occupancy/Use Information:

- Residential
- Accessory/Storage
- Commercial/Industrial/Business

After the Fact (4 X Original Fee)

Other Permits Required:

- Demolition of Structures
- Recreational Vehicle
- Conditional Use Permit # _____
- Subsurface Waste Water Disposal
- 30% Expansion (Calculation Form Required)
- 20% Lot Coverage Form Required
- Storm Water / Erosion Control Permit # _____
- Shoreland Zone Permit # _____
- DEP Certified Contractor Authorization Form
- DEP Permit by Rule /Date Received _____
- Planning Board - Approved on _____
- Zoning Board - Approved on _____
- Flood Plain Permit # _____
- Driveway Cut
- 911 # _____
- Growth Permit # _____
- Saco River Corridor Commission
- Seasonal Conversion
- Plumbing Permit # _____
- Electrical Permit #:
Temporary _____ Permanent _____
Underground _____ Interior Wiring _____
- Mechanical Permit # _____
- Recreational

Notes: _____

Please also complete reverse side

SITE PLAN - Must include all of the following:

- Show dimensions of the lot and all the set backs
- Proposed structures, additions with set backs
- All existing structures on the property
- Septic System, well, driveway, etc
- Show all distances from streams and wetlands

I hereby certify that all the information on this application is correct

Signature of Applicant _____ Date: _____

If applicant is not the property owner, a Letter of Authorization signed by the property owner is required

Estimated value of all construction \$ _____

-----↓ to be filled in by office ↓-----

Granted, Fee \$ _____

Denied, Reason _____

CEO Signature _____ Date _____

Ken Paul, CEO

Payment:

Approximately 25% of estimated total (Non-refundable) \$ _____

Check # _____

Balance: \$ _____

Check # _____