

## **Town of Old Orchard Beach**

Code Enforcement Department 1 PORTLAND AVE OLD ORCHARD BEACH, MAINE 04064 Tel. (207) 937-5645

For Office Use Only
App Date:
OOB Permit #:
Permit #:
MBL:

## **APPLICATION FOR BUILDING PERMIT**

Address of Proposed Work:	Schedule of Inspections
Type of Structure:	Building Permit  1. Footings after forms are set and rebar in place but before
Applicant Name:	concrete.
Address:	2. Foundation walls after forms are set and repar in place but
Phone:	3. Foundation walls after forms are removed and damp proofing
	applied and dramage instance.
Owner Name:	<ol><li>After insulation installed prior to sheetrock. All fenestrations</li></ol>
Address:	mast have factory sticker with insulation rating.
Phone:	
Contact Email:	-
Descripti	ion of Work
Applicant Estimated Cost : \$	
on a scale drawing (use graph paper). Please include:	To the best of my knowledge, all information submitted on this application is true and correct. All proposed uses will be in conformance with the application and the Zoning Ordinance of the Town of Old Orchard Beach.
e. Areas of cut, fill, grading, or other earth-moving activity, if	Owner Signature Applicant Signature
applicable.  Attachments:	
<ul> <li>a. Attach a copy of HHE-200 septic design.</li> <li>b. Attach a copy of official decisions (or note pending decisions) of other Federal, State, or local agencies regarding the use of this property (Site Location Permit, Minimum Lot Size Waiver, Subdivision Approval, Great Ponds Permit, etc.)</li> <li>c. On a separate sheet, attach any supplemental information, or explain any points you feel need clarification.</li> </ul>	CEO SECTION ONLY  Building Permit Fee: Date Paid:
d. Submit copy of site plan and building plans.	
	Approved Denied Code Official Date