

TOWN OF SEBAGO

BUILDING PERMIT APPLICATION # _____

ZONE _____

MAP# _____

LOT# _____

Owner _____ Phone _____

Address _____

LOCATION OF CONSTRUCTION _____

Contractor _____ Phone _____

Address _____

Est Construction Cost _____

Proposed Use _____ Lot Size _____

No. of Existing Res. Units _____ No. of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

No. of Stories _____ No. of Bedrooms _____ No. of Baths _____

Foundation:

Footing Size _____

Foundation 8' 4' Slab Pier Other

Description _____

Floor:

Sill Size _____ Sills must be anchored

Girder Type _____ Size _____

Lally Column Spacing _____ Size _____

Joists Type & Size _____ Spacing _____ O.C.

Bridging Type & Size _____ Spacing _____ O.C.

Floor Sheathing Type _____ Size _____

Other Material _____

Exterior Walls:

Studding Type & Size _____ Spacing _____ O.C.

No. of Windows _____ No. of Doors _____

Header Sizes _____ Span _____

Bracing: Yes No Corner Posts Size _____

Insulation Type _____ Size _____

Sheathing Type _____ Size _____

Siding Type _____ Weather Exposure _____

Masonry Materials _____

Metal Materials _____

Interior Walls:

Studding Type & Size _____ Spacing _____ O.C.

Header Sizes _____ Span _____

Wall Covering Type _____

Fire Wall if Required _____

Other Materials _____

Ceiling:

Joists Type & Size _____ Height _____

Strapping Size _____ Spacing _____

Insulation Type _____

Roof:

Type _____ Span _____

Sheathing Type _____ Pitch _____

Roof Covering Type _____

Chimneys:

Type _____ No. of Fire Places _____

Heating:

Type of Heat _____

Electrical:

Service Entrance Size _____ Smoke Detector Required Yes No

Swimming Pools:

Type _____

Pool Size _____ Square Footage _____

Must conform to National Electrical Code and State Law.

Code Enforcement Officer _____ Date _____

Signature of Applicant _____ Date _____

WORK TO COMMENCE WITHIN SIX MONTHS OF PERMIT APPROVAL.

FOR OFFICIAL USE ONLY

Flood Zone Yes No _____

Zoning Board Approval: Yes No Date _____

Planning Board Approval: Yes No Date _____

FEES: _____ Totals

_____ X _____ @ _____ = _____

Alterations _____ = _____

Late Fee _____ X2 _____ = _____

Total _____

Notes _____
