



Town of South Berwick

180 Main Street, South Berwick, ME 03908
Phone: (207) 384-3011 Fax: (207) 384-3303
www.southberwickmaine.org

APPLICATION: BUILDING PERMIT

PERMIT NUMBER _____ DATE _____ MAP _____ LOT _____ ZONE _____

Joseph Rousselle, Code Enforcement Officer
Office Hours: Monday, Tuesday, Friday: 8 am to 12 noon
Inspection Hours: Monday, Tuesday, Friday: 1 pm to 4 pm
Inspections can be scheduled by calling Joseph Rousselle at (207) 384-3011 with 24-hour advance notice

No permits shall be issued the day an application is submitted.

A permit for a new driveway onto a Town or State road shall be submitted with this application.

1. **Owner of Record:** _____
Mailing Address: _____
Telephone: _____ Fax: _____

2. **Applicant (if other than owner):** _____
Mailing Address: _____
Telephone: _____ Fax: _____

3. Project Location: _____

4. Map _____ Lot _____

5. Zoning District: ___ R-1 ___ R-2 ___ R-3 ___ R-4 ___ R-5 ___ B-2 ___ B-R ___ I-1 ___ I-2
___ Shoreland ___ Resource Protection ___ Flood Hazard ___ Aquifer Protection

6. Type of permit requested:
___ Residential ___ Commercial ___ Other

Check all that apply:

___ New Structure ___ Addition to Structure ___ Alteration to Structure ___ Demolition
___ Move a Structure ___ Swimming Pool ___ Sign ___ Septic
___ Public Water ___ Public Sewer ___ Well ___ Other (Describe) _____

7. Complete Description of Project:

(If project is a NEW DWELLING, a Growth Permit Application, must accompany this form)

8. Dimensions of Lot: Width _____ Depth _____ Area _____ Frontage _____
 Name of Street on which lot has frontage: _____ / ___Public ___Private
9. **Value of Work:** (Provide Estimate; To be verified by the Code Enforcement Officer)

10. **Total Gross Floor Area** of New Structure or Additions: (Include attic space with a height of 7 feet or more between floor and ceiling or rafter): _____Sq. Ft. (To be verified by the Code Enforcement Officer)
11. Will the work require new or relocated internal plumbing? ___Yes ___No
12. Will the work add bedroom(s) to the structure? ___Yes ___No
13. Was this lot split off from another lot within the last 5 years? ___Yes ___No
14. Has any part of this lot been split off within the last 5 years? ___Yes ___No
15. Is the property part of a recorded subdivision? ___Yes ___No
 If yes, please provide the name of the subdivision: _____
16. Name of General Contractor: _____
 Mailing Address: _____
 Telephone: _____
17. Is there more than one use on the property? ___Yes ___No
 If yes, please describe: _____
18. Are there any Deed restrictions on the property? ___Yes (If yes, please attach a copy) ___No

NOTE TO APPLICANT - PLEASE READ and SIGN BELOW

By signing below I agree:

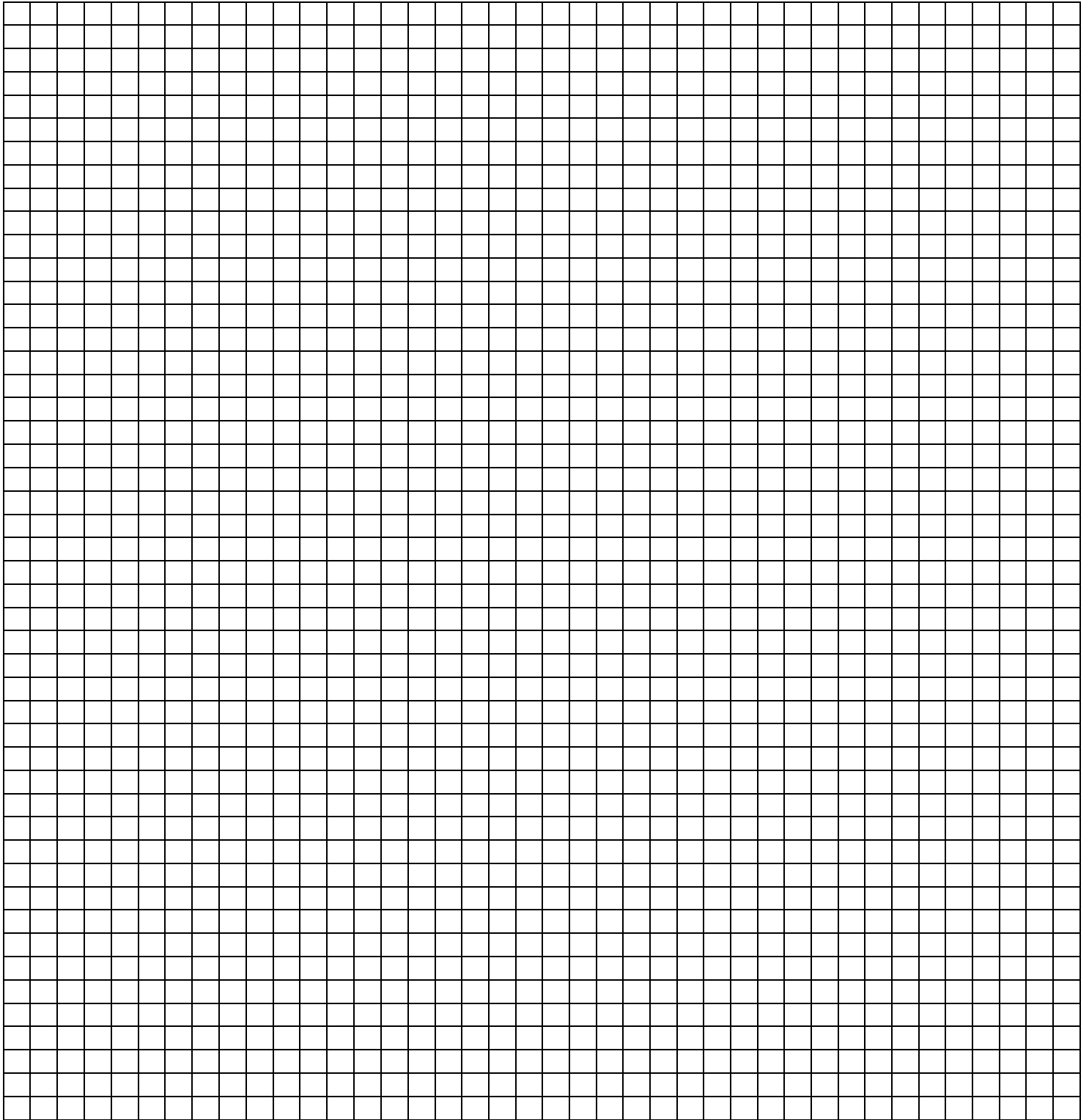
- 1) Building Permit will expire after 12 months if the foundation is not installed, unless weather conditions prevent construction.
- 2) The Front Yard Setback is from the property line, not the edge of the pavement or gravel.
- 3) I will notify the Code Enforcement Officer of any changes in any information, plans or project specifications.
- 4) I will call for all required inspections indicated on the permit *at least 24 hours in advance*.
- 5) I will obtain a Certificate of Occupancy from the Code Enforcement Officer **prior to occupying the structure or property, or establishing a new use.**
- 6) I will abide by the existing ordinances of the Town of South Berwick, and the laws and regulations of the State of Maine which authorize the issuance of this permit.
- 7) The Code Enforcement Officer may require a Foundation Certification.

CERTIFICATION. To the best of my knowledge, all information submitted with this application is true and correct. All proposed uses will be in conformance with this application and the South Berwick Land Use Ordinance.

 Signature of Applicant

 Date

Use this grid or a separate sheet of paper to prepare a site plan showing property lines and the location of existing and proposed structures, parking areas, driveways, and water bodies or wetlands.



STREET

REQUIRED MATERIALS FOR A BUILDING PERMIT

1. _____ Completed Application
2. _____ Plot Plan attached
3. _____ Deed attached
4. _____ Permit for Subsurface Wastewater Disposal System – 3 copies (if needed)
5. _____ Building Plans
6. _____ Driveway or Culvert Permit from Town

REQUIRED INSPECTIONS

1. _____ Setback Distances from Property Lines to Foundation
2. _____ Foundation, Ties plugged, Waterproof applied, Foundation Drainage (required)
Before Back Filling Foundation
3. _____ Framing before Insulation and Sheet Rock
4. _____ Rough Plumbing with Pressure Test
5. _____ Insulation
6. _____ Final Inspection for Occupancy Permit (***Before occupying structure***)

APPROVAL OR DENIAL OF APPLICATION: Map _____ Lot _____
(For Office Use Only)

THIS APPLICATION IS: _____ APPROVED _____ DENIED

IF *DENIED*, REASON FOR DENIAL:

IF *APPROVED*, THE FOLLOWING CONDITIONS ARE PRESCRIBED:

NOTE: IN APPROVING A SHORELAND ZONING PERMIT, THE PROPOSED USE SHALL COMPLY WITH THE PURPOSES AND REQUIREMENTS OF THE SHORELAND ZONING ORDINANCE FOR THE TOWN OF SOUTH BERWICK.

CODE ENFORCEMENT OFFICER

DATE

PERMIT #: _____

FEE AMOUNT: \$ _____

TOWN OF SOUTH BERWICK
COST RECOVERY FEE SCHEDULE
Building Permit Fees are Non-Refundable

RESIDENTIAL

\$.50 per Sq. Ft. of living space, per floor
\$.20 per Sq. Ft. of unfinished attic or basement

DECKS – PORCHES – SHEDS

\$.20 per Sq. Ft., \$25.00 minimum

SWIMMING POOLS: ABOVE & IN-GROUND

\$.20 per Sq. Ft., \$25.00 minimum

AFTER-THE-FACT

Double the Established Fee

COMMERCIAL, RETAIL, LIGHT & LARGE INDUSTRIAL, AND MANUFACTURING

\$.30 per Sq. Ft.

COMMUNICATION TOWERS

\$2.00 per \$1,000.00 of Construction Costs

RENOVATIONS

\$50.00 for 1 story, \$100.00 complete renovation

ALL OTHER LAND USE PERMITS

\$25.00, minimum Permit Fee

DATE: _____

NAME: _____

LAND USE PERMIT #: _____

SEPTIC SYSTEM PERMIT #: _____

Internal Plumbing Permit #: _____

LAND USE FEE: \$ _____

SEPTIC SYSTEM PERMIT FEE: \$ _____

TOTAL FEES: \$ _____