TOWN OF JACKMAN

Residential/Commercial/Institutional/Multifamily Building Permit Application

(*PROPERTY OWNER MUST VERIFY THAT NO BUILDING WILL FALL WITHIN THE TOWN RIGHT OF WAY)*

DATE:_____

ACCOUNT #:_____

MAP & LOT #:_____

PHYSICAL ADDRESS OF PROJECT:_____

CONTACT INFORMATION

NAME:_____

MAILING ADDRESS:_____

_____

CONTACT PHONE #:_____

CONTRACTOR CONTACT INFO (IF ANY):_____

DESCRIPTION OF WORK

NEW BUILDING ☐ **ADDITION** ☐ **RENOVATION/ALTERATION** ☐

- **WILL THIS PROJECT REQUIRE A PLUMBING AND/OR SEPTIC SITE PERMIT: YES OR NO**
  (IF YES PLEASE CONTACT THE LOCAL PLUMBING INSPECTOR)
- **WILL THIS PROJECT BE WITHIN SHORELAND ZONING: YES OR NO**
  (IF YES PLEASE CONTACT THE LOCAL CODE ENFORCEMENT OFFICER)
- **IS THIS PROJECT WITHIN SHORELAND ZONING OR FLOOD PLAINS: YES OR NO**
  (IF YES PLEASE CONTACT THE LOCAL CODE ENFORCEMENT OFFICER)
- **WILL THIS PROJECT RESULT IN AN ACRE OR MORE OF DISTRUBED SOIL: YES OR NO**
- **ANY BUILDING WITHIN SHORELAND ZONING MUST PROVIDE BEFORE PROJECT AND AFTER PROJECT PICTURES OF SHORELAND**

SQUARE FOOTAGE OR DIMENSIONS:_____

HEIGHT/STORIES:_____

DESCRIPTION OF PROJECT:_____

_____

_____

SITE PLAN – PLEASE ATTACH COPY OF BUILDING PLAN OR A SKETCH

I hereby certify that, to the best of my knowledge, the information provided herein is accurate and true. I understand that the property owner is responsible for compliance with all applicable codes.

Signature of Property Owner **Date**

(Applicant receives a copy; Town Office retains the original document)

Town Official Signature **Date Approved**

UPDATED: 01/01/2023