



Town of Damariscotta
Code Enforcement Department
21 School St., Damariscotta, ME 04543
Tel. (207) 563-5168
APPLICATION FOR PERMIT
www.damariscottame.com

Date received: _____
 Building Permit # _____
 Fee: _____

PROPERTY INFORMATION

Address of Proposed Construction: _____
 Tax Map & Lot Number: _____
 Applicant's Name: _____
 Applicant Mailing Address: _____

 Applicant's Tel. # _____
 Owner's Name: _____
 Owner's Mailing Address: _____

 Deed Book & Page: _____

Is this property located in any of these overlay districts? (Please check all that apply and attach any applicable permits)
 Shoreland Historic Flood Zone (designation: _____)

Is the proposed improvement located within 100 feet of a wetland, stream, river, brook or tidal area? Yes No

Is the property located within a subdivision approved after September 23, 1971? Yes No

Will any work be done within the State right-of-way? Yes No
 **If yes, attach copy of MDOT approved road opening permit.

Is this project subject to review by the State of Maine? (If so, attach copy of any applicable permits)
 State Fire Marshall DEP None

Will any building or portion of a building be removed as part of this project? Yes No

PROPOSED CONSTRUCTION ACTIVITY

(Check all that apply)
 Commercial Residential
 Addition or Alteration New Structure
 Demolition Pool Other (describe below)

Footprint of proposed structure (sq. ft.): _____
 Height of proposed structure (measured from average ground level at foundation to highest point of roof): _____
 Total floor area (all floors finished): _____
 Setback of proposed construction from the...
 Front property line: _____ Right side: _____
 Left side: _____ Rear property line: _____

CONTRACTOR INFORMATION

Contractor's Name: _____
 Mailing address: _____

 Tel. _____ Email: _____

To the best of my knowledge and belief, all information submitted on this application is true and correct. All proposed uses will be in conformance with this application and with all applicable ordinances of the Town of Damariscotta. The person indicated as the contractor will perform all of the work described and will be held responsible for correcting any deficiencies.

 Signature of Applicant Date

 Signature of Property Owner Date

For Office Use Only: Findings of Fact
**Use back of page for any additional written findings, referencing Ordinance standards.*

Zoning District: _____
 Proposed Use of Structure/Land: _____
 Conforming Use? Yes No
 Conforming Building? Yes No
 Frontage Required: _____ Actual Frontage: _____
 Lot Size Required: _____ Actual Lot Size: _____
 Maximum Lot Coverage: _____%
 Lot Coverage Proposed: _____%

Parking Spaces Required by Land Use Ord. Sec. 101.6(C) and/or Site Plan Review Ord. Sec. 102.6(H): _____
 Total Parking Spaces Proposed: _____

Sewage Disposal: Public (GSBSD) Septic N/A
 Water Supply: Public (GSBSD) Well N/A

Did this project require Planning Board review (either based on use (see Sec. 101.5(D) of the Land Use Ordinance) or Site Plan Review criteria (see Sec. 102.3 of the Site Plan Review Ordinance))?
 Yes No

If so, date of Planning Board approval: _____
 *Attach Planning Board Findings of Fact.

This permit application is hereby:
 Approved
 Approved with Conditions (see attached)
 Denied

 Signature of Code Enforcement Officer Date