

Town of Lowell
Building Application

Dwight Tilton Code Enforcement Officer
Contact Info (207)794-4434

Permit # _____

Map _____

Lot _____

Owner: _____

Applicant: _____

Address of Owner: _____

Phone #: _____ E-mail: _____

Permit To: Build _____ Enlarge _____ Alter _____ Demo _____

Dimensions of Structure: Width _____ Length _____

Number of Floors: _____ Type of Roof: _____ Roof Covering: _____

Foundation: _____ Septic System Type: _____

Accessory Buildings: Yes _____ No _____ Use _____ Size _____

Name of Plumbing Contractor: _____

Name of Electrical Contractor: _____

Size of Lot: _____ (Acres/SQ FT) Frontage: _____ Depth: _____

IF YOU HAVE A SURVEY FOR THIS PROPERTY, PLEASE PROVIDE A COPY WITH THIS APPLICATION.

Applicant Signature

Indicate by a sketch (on back of this form) the location of the proposed structure, showing the distance from other structures, the road and property lines. If the structure is in the shoreland zone, please show the setback from the seasonal high-water mark. Please indicate the dimensions of the proposed structures on the sketch plan.

Are you within 500 Feet of a Flood Plain Zone? Yes _____ No _____

Are you within 500 Feet of the Town's Salt Shed? Yes _____ No _____

If the applicant is building within the above listed areas the applicant agrees that:

This permit is issued subject to the following terms:

The Applicant acknowledges and assumes all risk, chance of/or hazard. That any said damages may become permanent, progressive, greater, or more extensive than is now known, anticipated, or expected.

Permit: Approved _____ Denied _____

Permit Denied for the following reasons:

Permit Granted: _____ Fee: _____

Fee Received: _____ Amount Received: _____ Date Received: _____ By: _____

Code Enforcement Officer: _____ Date: _____