

Building Permit Application

The undersigned applies to The City of Eastport for a **Building Permit** for the proposed work described herein. The applicant hereby certifies that all information contained in this application and any attachments are true and correct.

1. Owner Information:	
Name:	
Address:	
	Telephone:
2. Contractor Information:	
Name:	
Address: Fmail:	Telephone:
3. Property Information:	···
	Tax Map Number:
	g Property Use:
Is the proposed project located within the	ne Shoreland Zone: or Floodplain:
	ormed:
· · ·	
5. Estimated Value/Cost of proposed Proje	ct/Work? \$
Contact Public Works 853-2714	rks (PW) and Passamaquoddy Water (PWD) have signed off.
Contact PWD 853-2924	(PW Initials/Date) (PWD Initials/Date)
contact 1 WD 055 2524	
Circulture of Anglianat	
Signature of Applicant:	Date:
Signature of Property Owner:	Date:
To be Complete	had Du Cada Enfancement Officen
-	ted By Code Enforcement Officer:
	g, Zoning, or Historic Board?
Site Plans and Drawings:	
Date Received:	Date Permit Issued:
Fee Paid:	Building Permit # :

NOTE: ANY APPROVAL OF THIS APPLICATION WILL BE BASED ON INFORMATION PROVIDED BY THE APPLICANT REGARDING OWNERSHIP OF THE PROPERTY AND THE BOUNDARY LOCATIONS. THE APPLICANT HAS THE BURDEN OF ENSURING LEGAL RIGHT TO USE THE PROPERTY AND THAT SETBACKS ARE MEASURED FROM THE LEGAL BOUNDARY LINES OF THE LOT. THE APPLICANT HEREBY CERTIFIES THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

A PLOT PLAN OF THE ADDITIONS/RENOVATION IS REQUIRED. PLEASE SKETCH YOUR LOT SHOWING LOT DIMENSIONS, ANY BUILDINGS AS THEY APPEAR ON THE LOT, **WATER & SEWER LINE LOCATIONS**, PROPOSED ADDITIONS, DECKS, ACCESSORY BUILDINGS, GARAGES OR OTHER RELATED ADDITIONS. USE ADDITIONAL SHEETS IF NEEDED.