

## TOWN OF EASTON PO BOX 127 EASTON, ME 04740

TEL: (207) 488-6652 FAX: (207) 488-7706





## **BUILDING/DEMOLITION PERMIT**

Date:	Per	Permit No:								
Owner of Property:										
Physical Location:										
Mailing Address:										
Home Phone:	Work:	Phone: _								
E-Mail:	Mail: Map #:									
Proposed Use/Description of work	x:									
Is proposed project: Commercial	Residential Ho	w many stories is p	proposed project?							
If needed, has an internal/sub-sur	face plumbing permit been acquired	d? Yes:	No:							
Is lot accessed by a Town of Easte	on or State of Maine maintained roa	d? Yes:	No:							
If yes, has local or state highway o	department been contacted?	Yes:	No:							
Is any portion of your property in	Shoreland Zoning?	Yes:	No:							
If yes, is zone: Resource	Limited residential	Other								
Is any portion of the development	within the Floodplain?	Yes:	No:							
Is the project within a subdivision If yes, are you familiar with the b		No:								
associated with the subdivisio		Yes:								
If this is a demolition project, has Maine Department of Enviro	the structure been inspected for haz nmental Protection?		as required by the No:							
Anticipated Date of Construction	:									
Anticipated Date of Completion:										
Estimated Cost of Project:										
Signature		Date Submitted								

## **SITE PLAN**

Please include lot lines, area to be cleared of trees and other vegetation, the exact position of proposed structures, including decks, porches and out buildings with accurate setback distances from the shoreline, front, side, and rear property lines, the location of proposed wells, septic systems, and driveways, and areas and amount to be filled or graded. If the proposal is for the expansion of an existing structure, please distinguish between the existing structures and the proposed expansion.

Scale: \_\_\_\_=\_


Please sketch what the existing building and the proposed building will look like with dimensions