

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: JAMES R. MARSHALL Phone # 207 926 4304  
 Address: 19 MARSHALL RD - NEW GLOUCESTER, ME

LOCATION OF CONSTRUCTION \_\_\_\_\_  
 Contractor: JOHN COLLINS Sub: 37 1081  
 Address: WINDHAM, ME Phone # \_\_\_\_\_

Est. Construction Cost: \_\_\_\_\_ Proposed Use: SUMMER LODGE  
 Past Use: NONE  
 # of Existing Res. Units N/A # of New Res. Units N/A  
 Building Dimensions L: 90 W: 30 Total Sq. Ft. 2,700  
 # Stories: 2 # Bedrooms 2 Lot Size: 4/3 ACRES  
 Is Proposed Use: Seasonal  Condominium \_\_\_\_\_ Conversion \_\_\_\_\_  
 Explain Conversion \_\_\_\_\_

For Official Use Only		
Date _____	Subdivision: _____	
Inside Fire Limits _____	Name _____	
Bldg Code _____	Lot _____	
Time Limit _____	Ownership: _____	Public _____
Estimated Cost _____	Private _____	

Zoning: Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other \_\_\_\_\_ (Explain) \_\_\_\_\_

Foundation:  
 1. Type of Soil: SANDY  
 2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
 3. Footings Size: \_\_\_\_\_  
 4. Foundation Size: 36' x 64' WITH 32 x 36 CONNECTING REC ROOM  
 5. Other: 32 x

Floor:  
 1. Sills Size: 2 x 6 Sills must be anchored.  
 2. Girder Size: \_\_\_\_\_  
 3. Lally Column Spacing: 8' Size: \_\_\_\_\_  
 4. Joists Size: 2 x 10 Spacing 16" O.C.  
 5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 7. Other Material: \_\_\_\_\_

Exterior Walls:  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. No. windows \_\_\_\_\_  
 3. No. Doors \_\_\_\_\_  
 4. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
 5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_  
 6. Corner Posts Size \_\_\_\_\_  
 7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_  
 10. Masonry Materials \_\_\_\_\_  
 11. Metal Materials \_\_\_\_\_

Interior Walls:  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_  
 3. Wall Covering Type \_\_\_\_\_  
 4. Fire Wall if required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

Ceiling:  
 1. Ceiling Joists Size: \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_  
 3. Type Ceilings: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_

Roof:  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_

Chimneys:  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

Heating:  
 Type of Heat: \_\_\_\_\_

Electrical:  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

Plumbing:  
 1. Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other Fixtures \_\_\_\_\_

Swimming Pools:  
 1. Type: \_\_\_\_\_  
 2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_  
 3. Must conform to National Electrical Code and State Law.

Permit Received By James Marshall 9/21/07

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of CEO John Collins Date 9/21/07

Inspection Dates \_\_\_\_\_

PLOT PLAN

$R1 R1. 100R32 \sim 3200 \times .26 = 832.00$   
 $Sub 32 \times 64 = 2048 \times .26 = 532.48$   
 $Basement 32 \times 64 = 2048 \times .15 = 307.20$   
 $\frac{1671.68}{\text{Septic } 120.00}$   
 $\underline{1801.68}$



FEES (Breakdown From Front)

Base Fee \$ \_\_\_\_\_  
 Subdivision Fee \$ \_\_\_\_\_  
 Site Plan Review Fee \$ \_\_\_\_\_  
 Other Fees \$ \_\_\_\_\_  
 (Explain) \_\_\_\_\_  
 Late Fee \$ \_\_\_\_\_

Inspection Record

Type	Date
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

COMMENTS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_