

Map _____ Lot _____

Road _____

Town of Buxton Building Permit Application

Permit # _____

Issued _____

Owner Information

Name _____

Address _____

Phone Home _____

Phone Work _____

Contractor _____

Address _____

Phone Home _____

Phone Work _____

Lot Information

Deed Date _____ Book _____ Page _____

District:

_____ Residential _____ Village

_____ Rural _____ B/C _____ L/C

Special Area:

_____ Shoreland _____ Floodplain

_____ Resource Prot _____ Wetlands

_____ Subdivision _____ Conforming Lot

_____ Lot Split _____ Non-Conforming Lot

_____ Tree Growth _____ Open Space/Farm

_____ B/C Design Standards Overlay

Setback Requirements:

_____ Front _____ Side & Rear

Permits or Review

_____ Planning Board

_____ Appeals Board

_____ Fire Chief /FMO/sprinkler

_____ Road Commissioner

_____ HHE 200 SWDS # _____

_____ 1190

_____ DEP / ACE

_____ Pine Tree/Standish Tel

_____ D.O.T.

_____ Flood Elev. Cert.

_____ HHE 221 Plumbing # _____

_____ 1360 Elect. Cert.

_____ Addressing Officer

_____ Dig Safe

_____ BMP run off controls

Proposed Project

_____ House _____ Proposed Bedrooms

_____ Existing Bedrooms

Garage _____ Attached _____ Unattached

_____ Mobile/Modular Home* size _____

Proposed Use: _____

_____ Int / Ext Alterations

_____ Accessory Structure: Type _____

_____ Addition: _____

_____ Other: _____

_____ Deck/Porch _____ Chimney

_____ Swimming Pool _____ Abv Grnd _____ In Grnd

Estimated Cost of Project: \$ _____

Fees

Floor

1. Sills Size _____ Sills must be anchored

2. Girder Size _____

3. Lally Column Spacing _____

4. Joists Size _____ Spacing O.C. _____

5. Bridging Type _____ Size _____

6. Floor Sheathing Type _____

7. Other Material _____ *Insulation _____ R-30 _____

Roof

1. Rafter Size _____ Spacing O.C. _____

Engineered Truss w/hurricane clips _____

2. Collar Tie Size _____ Spacing O.C. _____

3. Type of Sheathing _____

4. Roofing Underlayment _____

5. Roof Covering _____

6. Roof Pitch _____

Foundation

1. Concrete Wall _____ 4. Monoslab _____

*Insulation _____ R-19 _____ 5. Piers/Sono/Post @ _____

2. Frost Wall _____ 6. Radon _____

3. Masonry _____

Construction

Exterior Walls

1. Studding Size _____ Spacing O.C. _____

2. Header Sizes _____ Span _____

3. Bracing _____ Yes _____ No

4. Vapor Barrier _____

5. Insulation _____

6. Sheathing _____

7. Air Barrier _____

8. Siding _____

Interior Walls

1. Studding Size _____ Spacing O.C. _____

2. Header Sizes _____ Span(s) _____

3. Wall Covering Type _____

4. Fire Wall if Required _____

5. Other Materials _____ *Insulation R-21 _____

Ceiling

1. Ceiling Joist Size _____ Height _____

2. Ceiling Strapping Size _____ Spacing O.C. _____

3. Type of Ceilings _____

4. Vapor Barrier _____ *Insulation R-48 _____

Any structure or structures erected, remodeled, altered, or moved under permission granted by this PERMIT must conform to all provisions of both the BUILDING CODE and ZONING ORDINANCE in effect on the DATE OF THIS PERMIT, unless permission for non-conformance has been granted by the ZONING BOARD OF APPEALS.

Signature of Owner _____ Date _____

Date _____ Approved _____

Received _____ Refused _____ Date _____ Signature of CEO / BI _____

PERMIT VOID IF WORK NOT STARTED WITHIN SIX MONTHS OF DATE ISSUED. WORK MUST BE COMPLETED WITHIN 18 MONTHS OF ISSUE OR PERMIT IS VOID.

Front View

Side View

Floor Layout

Please show an overhead or bird's eye view
of your lot and include the following:

- | | |
|--|--|
| <input type="checkbox"/> roads, driveway, right-of-way | <input type="checkbox"/> lot lines, any identifying markers |
| <input type="checkbox"/> existing structures | <input type="checkbox"/> wet areas, brooks, runoff |
| <input type="checkbox"/> proposed project | <input type="checkbox"/> setbacks from property lines |
| <input type="checkbox"/> utility poles | <input type="checkbox"/> service lines (telephone, electric) |
| <input type="checkbox"/> well | <input type="checkbox"/> septic area |