

Town Of/Municipalité de
Fort Kent

416 West Main Street, Fort Kent, ME 04743-1040

Phone/Téléphone: (207) 834-3090
(207) 834-3136
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www.fortkent.org

Name: _____

Fees: _____

Address: _____

Phone: _____

Map _____ Lot _____

**LAND USE PERMIT
PROCEDURAL CHECKLIST**

Note: The items that have been checked must be submitted.

- _____ Application for Land Use Permit
- _____ Copy of Applicant's Warranty Deed
- _____ Copy of Tax Assessment
- _____ Copy of Tax Map or Survey Map
- _____ Two (2) copies of Applicant's Plot Plan Drawn to Scale with:
 - *Dimension of property
 - *Dimension of structure(s) on property
 - *Distance of structure(s) from property lines (sides and rear)
 - *Distance of structure(s) from front line (from center of road)
 - *Distance of well and septic system from structure(s) or property lines
- _____ Building Design Plans – Jeff Lagasse 493-1494
- _____ Third Party Inspection Contract
- _____ Internal Plumbing Permit
- _____ Septic permit required- Dana Chapman 473-7434/Brian Stewart 532-7160 or 532-1628/Amy Jones 394-3065 or 356-4717, County Septic Design 551-0011
- _____ Emera Electric Service Form 945-5621
- _____ Certificate of Occupancy Dennis Cyr 834-3507 (Monday & Wednesdays 3-7pm)
- _____ D.E.P. Permit- by Rule within 100ft. from any Water Body 207-764-0477
- _____ Roadway/Culvert Permit Tony Theriault 834-3253
- _____ Water Hookup Application Mark Soucy 834-3463
- _____ Sewer Hookup Application Mark Soucy 834-3463
- _____ Wellhead Protection Potential Containment Inventory Forms Mark Soucy 834-3463
- _____ Dig Safe 1-888-344-7233
- _____ Assigned E 911 Address Cindy Bouley 834-3507: _____
- _____ MDOT Site Access (Driveway Permit) 207-764-2060
- _____ Subdivision Application
- _____ Site Design Review Application
- _____ Shoreland Zoning Application
- _____ Floodplain Zoning Application
- _____ After the Fact Permit Fee\$ _____
- _____ Fire Marshall Office 626-3880
- _____ First Meeting
- _____ Second Meeting
- _____ Zoning Board Appeal Application Fee \$65.00
- _____ Department of Agriculture 764-2115

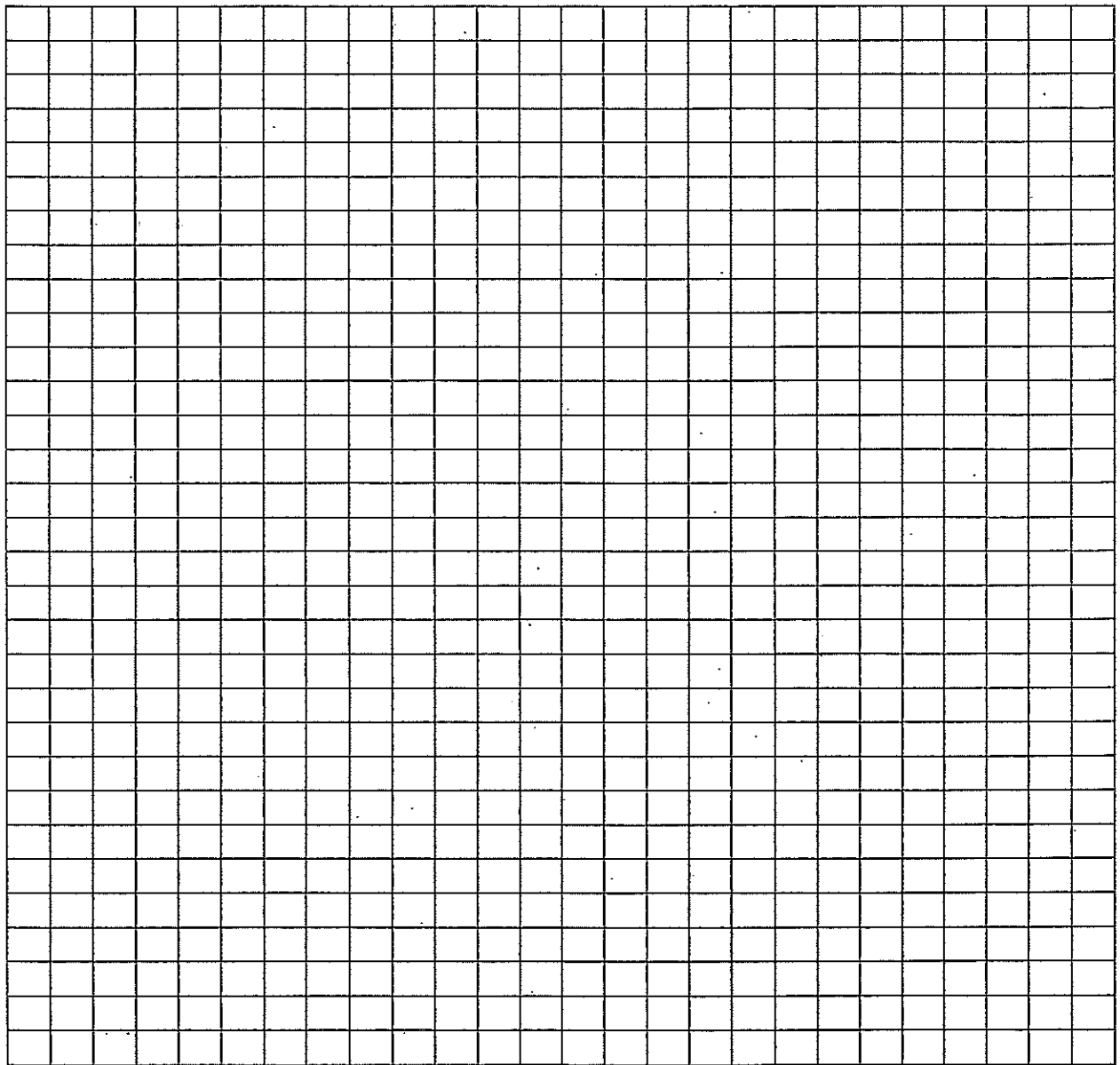
The Town of Fort Kent is an Equal Opportunity Provider and Employer
Complaints of Discrimination should be sent to USDA, Director, Office of Civil Rights, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

SITE PLAN

PLEASE INCLUDE THE FOLLOWING:

- Lot lines
- Areas to be cleared of trees/other vegetation
- Front, Side and rear property lines
- Areas to be filled or graded
- Exact position of proposed structures including decks and porches
- Out buildings with accurate setback distances from the shoreline
- Location of proposed/existing wells, septics and driveways

*If the proposal is for the expansion of and existing structure, please distinguish between the existing structure and the proposed expansion.



SCALE: _____ = _____ FT.

APPLICATION FOR LAND USE PERMIT

TOWN OF FORT KENT ZONING ORDINANCE

DATE: _____

Section 10.2-A. Land Use Permit

No building or structure shall be erected, altered, enlarged, or moved until a land use permit has been issued by the Code Enforcement Officer. Permits shall expire annually on March 31 and may be renewed once. There shall be no additional fee if the original permit was issued within six (6) months prior to the March 31 expiration date. All intended construction and land use as stated in the original permit shall begin within the term of the permit issuance date. All applications for permits shall be in accordance with the provisions of this Ordinance.

- 1. Applicant _____ Address _____ Phone _____
2. Owner _____ Address _____ Phone _____
3. Location of property (street/road) _____ Tax Map _____ Lot _____
4. Existing use of property: _____ Intended use of property: _____
5. Is any portion of your property within a shoreland zone? Yes ___ No ___
6. Property is zoned as: R I RF C
7. Is property located within a floodplain? Yes ___ No ___
8. Is a DEP permit required? Yes ___ No ___
9. Percentage of lot to be occupied by structures: _____
10. Is property part of a subdivision? Yes ___ No ___
11. Lot width _____ Lot depth _____ Lot area _____
12. Type of sewage disposal: Existing _____ Proposed _____
13. Utility District Approval Needed? Yes ___ No ___
14. Will structure be equipped with indoor plumbing? Yes ___ No ___
15. Type of foundation: _____
16. Is Timber Harvesting permit required? Yes ___ No ___
17. Application to build a/an: Residence _____ Accessory building _____ Addition _____ Deck _____ Porch _____ Alteration to building _____ Other _____ Commercial structure _____
18. Structures-Exterior dimensions (length and width of all proposed structures) Residence _____ by _____ No. of stories _____ Accessory _____ by _____ Addition _____ by _____ Deck _____ by _____ Porch _____ by _____ Other _____ by _____ Commercial _____ by _____

19. Section 10.2-C. There shall be submitted with all applications for a land use permit, two (2) copies of a site plan drawn to scale showing; the exact dimensions of the lot to be built upon. all buildings, yards, required off-street parking and loading spaces, existing, proposed, and such additional information as may be necessary to determine and provide for enforcement of this Ordinance. Please include: Locations of roads and rights-of way; names of abutting landowners; locations of public or private sewage disposal and water systems; distances of proposed and existing structures from all property lines.

- 20. Attachments:
a) Attach a copy of your warranty deed.
b) Attach a copy of your tax map and tax assessment.
c) Attach a copy of your plumbing permit.
d) Attach a copy of official decisions (or note pending applications) of other federal, state or local agencies regarding the use of this property.
e) On a separate sheet, attach any supplemental information or explain any points you feel need clarification.

The applicant applies for a permit for the use described above; said permit to be issued on the basis of the information contained herein. The applicant certifies that all information and attachments on this application are true and correct. All proposed uses will be in conformance with this application and ordinances of Fort Kent.

Signature _____ 3 _____ Date _____
Date Received _____ Date construction will begin _____ Fee Paid _____
Date of Action _____ Approved _____ Denied _____
If application denied, reason for denial _____
If approved, the following conditions and safeguards were prescribed _____

Code Enforcement Officer _____ Planning Board Chairperson and/or Board of Appeals Chairperson _____

Name: _____ Map _____ Lot _____

Procedural Checklist to issuing Building Permits

PERMIT CHECKLIST	DATE	INITIALS	NOTES
<input type="checkbox"/> Land Use Permit	_____	_____	_____
<input type="checkbox"/> Internal Plumbing Permit	_____	_____	_____
<input type="checkbox"/> Septic Permit	_____	_____	_____
<input type="checkbox"/> Water/ Utility Permit	_____	_____	_____
<input type="checkbox"/> Sewer/Utility Permit	_____	_____	_____
<input type="checkbox"/> Roadway Opening Permit	_____	_____	_____
<input type="checkbox"/> 911 Address	_____	_____	_____
<input type="checkbox"/> Electric Service Permit	_____	_____	_____
<input type="checkbox"/> State/Culvert/Driveway Permit	_____	_____	_____
<input type="checkbox"/> Local Culvert/Driveway Permit	_____	_____	_____
<input type="checkbox"/> DEP Permit by Rule	_____	_____	_____
<input type="checkbox"/> Flood Plain Permit	_____	_____	_____
<input type="checkbox"/> Shoreland Permit	_____	_____	_____
<input type="checkbox"/> Wellhead Protected Area	_____	_____	_____
<input type="checkbox"/> Dig Safe 1-888-344-7233	_____	_____	_____
<input type="checkbox"/> Res. Building Plans/Sketch	_____	_____	_____
<input type="checkbox"/> Comm. Certified Stamp Plan	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____

MUBEC INSPECTION	DATE	INSPECTOR	INSPECTION NOTES
<input type="checkbox"/> Footings	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	_____
<input type="checkbox"/> Framing	_____	_____	_____
<input type="checkbox"/> Insulation	_____	_____	_____
<input type="checkbox"/> Plumbing - CEO	_____	_____	_____
<input type="checkbox"/> Electrical	_____	_____	_____
<input type="checkbox"/> Septic	_____	_____	_____
<input type="checkbox"/> Certificate of Occupancy	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____

Town of Fort Kent

BUILDING PERMIT APPLICATION

207-834-3507

DATE APPLICATION RECEIVED: _____
 No permits will be issued prior to 7 working days from receipt of application.

PROPERTY OWNER

Property Owner: _____
 Property Address: _____
 Mailing Address: _____
 Ph: _____ Cell: _____

CONTRACTOR(S)

General Contractor: _____
 Ph: _____ Cell: _____
 Excavating Contractor: _____
 Ph: _____ Cell: _____
 Foundation Contractor: _____
 Ph: _____ Cell: _____

PROJECT DESCRIPTION

All Public Buildings require State Fire Marshal's Approval.
 Please ask for a SFMO Permit Application.

ESTIMATED COST OF PROJECT

\$ _____

OFFICE USE ONLY

Permit Number: _____
 Issue Date: _____
 Fee: \$ _____
 Approved By: _____

Map # _____ Lot # _____

Zone: _____

Setbacks:

_____ Front _____ Rear _____ Sides

Special Zones:

- Commercial
- Residential
- Rural Farm
- Shoreland
- Flood Zone
- Wetland
- Wellhead Protection District

BUILDING INFORMATION

Number of Stories:

_____ Present
 _____ Proposed
 _____ Total

Height of Buildings:

_____ Present
 _____ Proposed
 _____ Total

Number of Bathrooms:

	FULL	HALF
Present	_____	_____
Proposed	_____	_____
Total	_____	_____

Number of Bedrooms:

_____ Present
 _____ Proposed
 _____ Total

Present Septic System is approved for _____ Bedrooms

Type of Use (Check one)

- Year Round
- Seasonal

Residential Site Plan:

Please indicate all of the following items on the site plan:

Exact position of all new construction and existing structures (including accessory structures).

- Setback distances from property lines to all structures (front, back, and sides)
- Location of well and septic system including distances from structures and property lines
- Area to be cleared of trees and other vegetation
- Any wetlands or water bodies and setback distances from shoreline if applicable

Note: For all projects in the shoreland zone involving filling, grading or other soil disturbance, you must provide a soil erosion control plan describing the measures to be taken to stabilize areas before, during, and after construction.

Note: The State of Maine has adopted the following codes and standards and has mandated that the Town of Fort Kent enforce these codes as well as all existing fire and life safety codes as of July 1, 2012:

2009 International Building Code
2009 International Residential Code
2009 International Energy Conservation Code
2009 International Existing Building Code
2007 ASHRAE 62.1, Commercial Ventilation Standard
2007 ASHRAE 62.2, Residential Ventilation Standard
2007 ASHRAE 90.1, Commercial Energy Standard

Building Plans:

Note: All new construction of both Residential and Commercial structures now requires a complete set of Building Plans and Energy Conservation Detail Plans.

Floor Plan & Elevations
Complete Foundation
Complete Framing for Floors, Walls, Roof System, Stairways & Decks
Energy Conservation Detail for Basement Slab, Walls, Ceiling, Windows & Doors,

Note: Commercial building plans must be stamped by a Maine Licensed Professional Engineer or Architect.

Note: Storage and similar small buildings of 200 square feet or less do not require building plans.

R 105.2 Work exempt from permit: Permits shall not be required for the following. Exemption from the permit requirements of this code shall not be deemed to grant authorization for any work to be done in any manner in violation of the provision of this code or any other laws or ordinances of this jurisdiction.

Building:

1. One-story detached accessory structures, provided the floor area does not exceed 200 square feet.
2. Retaining walls that are not over 4 feet in height measured from the bottom of the footing to the top of the wall.
3. Sidewalks and driveways not more than 30 inches above adjacent grade and not over any basement or story below.

4. Painting, papering, tiling, carpeting, cabinets, counter tops and similar finish work.
5. Prefabricated swimming pools that are less than 24 inches deep.
6. Swings and other playground equipment accessory to a one or two-family dwelling.
7. Window awnings supported by an exterior wall which do not project more than 54 inches from the exterior wall and do not require additional support.

SIGNATURE & POLICY PAGE

ADDITIONAL REQUIREMENTS FOR NEW CONSTRUCTION ON AN UNDEVELOPED SITE

1. Property location, street address, map and lot number from Town Assessor
2. Curb Cut / Culvert Permit from Public Works or MDOT
3. Sub Surface Waste Water Design, HHE-200 (if applicable)
4. Copy of Deed, Lease, or Purchase & Sale Agreement (for undeveloped lot)

Please read and initial each item below, sign, and date the application

_____ I understand that building permits do not include plumbing, septic, or electrical work.

_____ I understand that building permits are valid for one year.

_____ I agree to comply with all applicable Building Codes, Energy Conservation Codes, Fire Codes & the 2006 Life Safety Code.

_____ I understand that my building(s) cannot be within the set back from my property line.

_____ I agree to schedule all inspections and get written permission before backfilling the foundation.

_____ I will not close in the walls until the framing, insulation, vapor barrier, electrical, and plumbing has been inspected.

_____ I authorize inspections necessary to insure compliance with regulations.

_____ I understand that a Certificate of Occupancy is required prior to occupying the building.

_____ I certify that all information given in this application is accurate and complete.

Applicant Signature

Date

BUILDING PERMIT FEES

Cost of Construction

Fee

It is our policy to review and process applications as quickly as possible to ensure code compliance for your safety as well as the safety of others. Fees will be collected when your permit is issued. The costs associated with inspection(s) of your property, third party inspection fees and inspection scheduling will be the responsibility of the applicant

ADDITIONAL PERMITS, APPROVALS, AND INSPECTIONS REQUIRED

- | | | |
|---|--|---|
| <input type="checkbox"/> Plumbing Permit | <input type="checkbox"/> Swimming Pool Permit | <input type="checkbox"/> Fire Marshall's Office |
| <input type="checkbox"/> Electrical Permit | <input type="checkbox"/> Sign Permit | <input type="checkbox"/> MDOT |
| <input type="checkbox"/> Septic/HHE200 Permit | <input type="checkbox"/> Culvert (Public Works) | <input type="checkbox"/> DEP |
| <input type="checkbox"/> Septic Variance | <input type="checkbox"/> Curb Cut (Public Works) | <input type="checkbox"/> EPA |
| <input type="checkbox"/> Planning Board | <input type="checkbox"/> Road Opening (Public Works) | <input type="checkbox"/> ARMY Corp of Engineers |
| <input type="checkbox"/> Board of Appeals | <input type="checkbox"/> Shoreland | <input type="checkbox"/> Wetland |

OFFICE USE ONLY

This application is

APPROVED

The following conditions are prescribed:

DENIED

Reason for denial:

Code Enforcement Officer

Date

SCHEDULE OF INSPECTIONS

INSPECTION	DATE	INSPECTOR	INSPECTION NOTES
<input type="checkbox"/> Footings	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	_____
<input type="checkbox"/> Framing	_____	_____	_____
<input type="checkbox"/> Insulation	_____	_____	_____
<input type="checkbox"/> Plumbing	_____	_____	_____
<input type="checkbox"/> Electrical	_____	_____	_____
<input type="checkbox"/> Septic	_____	_____	_____
<input type="checkbox"/> Final Occupancy	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____

NOTE: MANUFACTURED TRUSS ROOF SNOW LOAD (100 #/s) AND WIND LOAD (90 mph) REQUIRED

MIN. 5/8 SHEATHING

MIN. 7/16 SHEATHING

TRUSS ANCHERING PER MANUFACTURERS INSTRUCTIONS

DOUBLE TOP PLATE IF TRUSSES NOT LOC. OVER WALL STUDS

NOTE: HEADINGS IN SUPPORT WALL NEED TO MEET SPAN REQUIREMENTS

NOTE: RAFTERS NEED TO MEET SPAN REQUIREMENTS

BOTTOM PLATE

P.T. SILL

1/2" AT ANCHOR BOLT MIN.

2" FOAM

Frost Protection Required 16" thick

MIN 35" SLAB

3" MIN.

3" MIN.

W/ 1' OF CORNER EVERY 6' FEET.

RESIDENTIAL GARAGE EXAMPLE OF FRAMING DETAIL