

PERMIT APPLICATION

All persons desiring to undertake any new construction, structural alteration, or changes in the use of a building or lot must apply for a zoning permit by submitting three copies of this form and three complete sets of all required drawings to the Building Inspector.

Four complete sets of all required drawings must be submitted with applications for special uses - SEE Note and List below.

APPLICANT: _____ Date: _____

(Name and Address): _____ Phone #: _____

Check type of permit desired: Permit for Construction Permit for Use
 Certificate of Occupancy Certificate of Non-Conforming Use Other (specify)

Briefly describe the type of work to be performed under this permit: _____

LOCATION OF PROPERTY: _____
(Street and Number)

Zoning District: _____ Tax Map No.: _____

Check here if property is located in a floodplain or wetland and specify which:

PROPOSED USE:

Residential (no. of families) _____ Commercial (type) _____

Industrial (type) _____ Other (describe) _____

Accessory building (describe) _____

Check here if the proposed use is a special use (see list below)

Special Uses under the Zoning Ordinance of the City of Auburn:

- conversions
- funeral homes
- nursing and convalescent homes
- rooming houses
- day care nurseries
- nonprofit social halls, clubs, and lounges
- residential planned development groups
- keeping and raising animals, except dogs and cats
- restricted heavy industrial uses
- commercial and industrial planned development groups
- appropriate public uses (see Use Class 16 under the Zoning Ordinance)

NOTE: Permit applications for "special uses" (Use Class 11-17 under the Zoning Ordinance of the City of Auburn) will be referred to the City Planning Board and the Zoning Board of Appeals for approval.

Permit applications for all non-residential uses will be referred to the City Planning Board and the City Engineering Department for approval.

Lot Dimensions:

width: _____ ft.

length: _____ ft.

Total lot area: _____ sq.ft.

Building Dimensions:

Main Building

width: _____ ft.

length: _____ ft.

height: _____ ft.

floor area: _____ sq.ft.

Accessory Building

width: _____ ft.

length: _____ ft.

height: _____ ft.

floor area: _____ sq.ft.

Setbacks:

Main Building

front: _____ ft.

rear: _____ ft.

side: _____ ft.

Accessory Building

front: _____ ft.

rear: _____ ft.

side: _____ ft.

Total number of hard surface off-street parking spaces: _____

Total estimated construction cost: \$ _____

Permit fee: \$ _____

Existing Use:

Residential (no. of families) _____ Commercial (type) _____

Industrial (type) _____ Other (describe) _____

Accessory building (describe) _____

Area of existing structure: _____ sq.ft.

Number of hard surface off-street parking spaces: _____

FOR "NONCONFORMING" USES OR BUILDINGS

If uses or buildings are "nonconforming", this application is for:

Enlargement (state enlargement as a percentage of existing floor area and/or lot area): _____ %

Restoration (state percentage of floor area to be restored and the date on which damage was sustained): _____ % Date: _____

Change of use from _____ to _____

If discontinued or vacant, state last day used: _____

and type of use made: _____

Does new construction involve the subdivision of property? Yes No

If yes, has it been approved by the City Planning Board? Yes No

Plumbing Contractor:

Name

Address

Phone No.

Electrical Contractor:

Name

Address

Phone No.

COMMENTS OF BUILDING INSPECTOR

TO:

City Planning Board

Zoning Board of Appeals

City Engineer

1. Lot Area: _____

2. Building Area: _____

3. Off-Street Parking: _____

4. Meets building and fire code requirements

Yes No

Approved

Disapproved

Reasons: _____

Signature of Building Inspector: _____

Date: _____

- **Worker's Compensation:**

 - U-26.3 (State Insurance Fund),

 - C-105.2 (Private Carrier),

 - SI-12 (Self-Insured)

 - GSI-105.2 (Group Self-Insured)

- **Disability Insurance:**

 - DB-120.1 (Private Carrier)

 - DB-155 (Self-Insured)

- **Statement for a Government Entity that a business does not require Workers' Compensation and/or Disability Benefits coverage:**

CE-200