

# Building Permit Application

City of Rockland Code Enforcement Office

270 Pleasant Street  
 Rockland, Maine 04841  
 (207) 594-0308 (207) 594-9481  
 rocklandcode@ci.rockland.me.us

Property Address			Zoning District	Tax Map #
Owner's Name		Owner's Phone		
Owner's Address		Email Address		
Applicant's Name (if different from Owner)		City	State	Zip
Contractor's Name		Phone		
Architect's Name		Email Address		
<b>Cost of Improvements</b>	\$ Construction	\$ Electrical	\$ Plumbing	\$ Heating & AC
	\$	\$	\$	\$ Total Cost

### Type of Improvement

<input type="checkbox"/> New Building or Structure	<input type="checkbox"/> Alteration	<input type="checkbox"/> Demolition	<input type="checkbox"/> Change of Use
<input type="checkbox"/> Addition	<input type="checkbox"/> Repair-Replace	<input type="checkbox"/> Relocation	<input type="checkbox"/> Other _____

### Use of Building-Property

<input type="checkbox"/> <b>Residential</b> <input type="checkbox"/> One Family Dwelling <input type="checkbox"/> Two Family Dwelling <input type="checkbox"/> Multi-family Dwelling: # of units _____ <input type="checkbox"/> Mobil Home <input type="checkbox"/> Modular Home <input type="checkbox"/> Bed & Breakfast-Boarding Home <input type="checkbox"/> Home Occupation <input type="checkbox"/> Garage <input type="checkbox"/> Shed <input type="checkbox"/> Deck (Go to Decks Only Section and Plot Plan) <input type="checkbox"/> Fence: Type _____ Height _____ (Go to Plot Plan) <input type="checkbox"/> Ramp <input type="checkbox"/> Stairs <input type="checkbox"/> Other _____	<input type="checkbox"/> <b>Non-Residential/Mixed Use</b> <input type="checkbox"/> Retail Sales, Wholesale Sales <input type="checkbox"/> Office, Bank, Professional Services <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging, Hotel, Motel <input type="checkbox"/> Amusement, Recreational <input type="checkbox"/> School, Library, Other Educational <input type="checkbox"/> Church, Other Religious <input type="checkbox"/> Service Station, Repair Garage <input type="checkbox"/> Hospital, Nursing Home, Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Construction Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Storage, Warehouse <input type="checkbox"/> Other _____
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I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION. I ALSO CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION.

Signature of Owner or Applicant	Address	Date
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<b>For Office Use Only</b>		Account # 3251	Rev. 04-28-2016
Permit # _____	Application Fee \$ _____	Date _____	Receipt # _____
Permit Fee \$ _____	Date _____	Receipt # _____	Paid By _____
			BOCA Value \$ _____

Describe in detail the work you are doing (for example: building a bedroom and taking out a load bearing wall to enlarge living room; build a new house, garage, etc.) For a Change of Use or Home Occupation, describe the business, including the number of employees. Use a separate sheet if necessary.

**Building-Structural Information (New Buildings & Additions)**

<input type="checkbox"/> Wood	<input type="checkbox"/> Masonry or Steel	<input type="checkbox"/> Heavy Timber	<input type="checkbox"/> Non-Combustible Type 1	<input type="checkbox"/> Non-Combustible Type 2
Sewage Disposal  <input type="checkbox"/> Public <input type="checkbox"/> Private (septic)	Overall Dimensions Main building _____ ft. X _____ ft. Number of Stories _____ Building Height _____ Other building ( _____ ) _____ ft. X _____ ft. X _____ ft.			Number of Bedrooms (Residential Only)  _____
Water Supply  <input type="checkbox"/> Public <input type="checkbox"/> Private (septic)	Floor Area (square feet)			Heating  <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other  _____
Number of Off-Street Parking Spaces  _____	Basement _____ <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished 1 <sup>st</sup> Floor _____ 2 <sup>nd</sup> Floor _____ 3 <sup>rd</sup> Floor _____ Other Floors _____			

Most non-residential structures and additions and some alterations require plans drawn and sealed by a licensed architect or engineer.

**Residential Only:** Please fill in the following information **or submit a sectional drawing** showing all of the following details.

<p align="center"><b>Foundation</b></p> <input type="checkbox"/> Full <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab <input type="checkbox"/> Post/Columns <input type="checkbox"/> Concrete <input type="checkbox"/> Block <input type="checkbox"/> Wood <input type="checkbox"/> Other _____ Thickness _____ Reinforcement _____ Footing Size _____ Thickness _____	<p align="center"><b>Floor Systems</b></p> 1 <sup>st</sup> Floor Joists: Size _____ Spacing _____ Max Span _____  Other Floors Joists: Size _____ Spacing _____ Max Span _____  Joist Carrier Materials & Size _____  Material & Spacing of support columns _____  Material & Thickness of Floor Sheathing _____
<p align="center"><b>Wall-Ceiling Framing</b></p> Exterior Stud Material & Dimensions _____ Exterior Wall Stud Spacing _____ Sheathing Material & Thickness _____ Ceiling Joist Size _____ Spacing _____ Max Span _____	<p align="center"><b>Roof System</b></p> <input type="checkbox"/> Rafters <input type="checkbox"/> Truss (need specs)    Roof Pitch _____ Rafter Size _____ Spacing _____ Span _____  Material & Thickness of Sheathing _____  Type of Roof Covering _____ (must be Fire Resistive)
<p><b>Decks Only</b></p> Joist Size _____ Spacing _____ Span _____ Joist Carrier Material & Dimension _____ Support Columns: Materials _____ Spacing between _____ Decking Material _____ Height of Deck from Grade _____ Guard Rail Height _____ Spacing Between Balusters _____ (No more than 4" opening)	

**NOTE: All new chimneys or chimneys to be rebuilt should be reviewed by the Fire Department prior to work being started and must be inspected by the Fire Department following completion.**

## Plot Plan

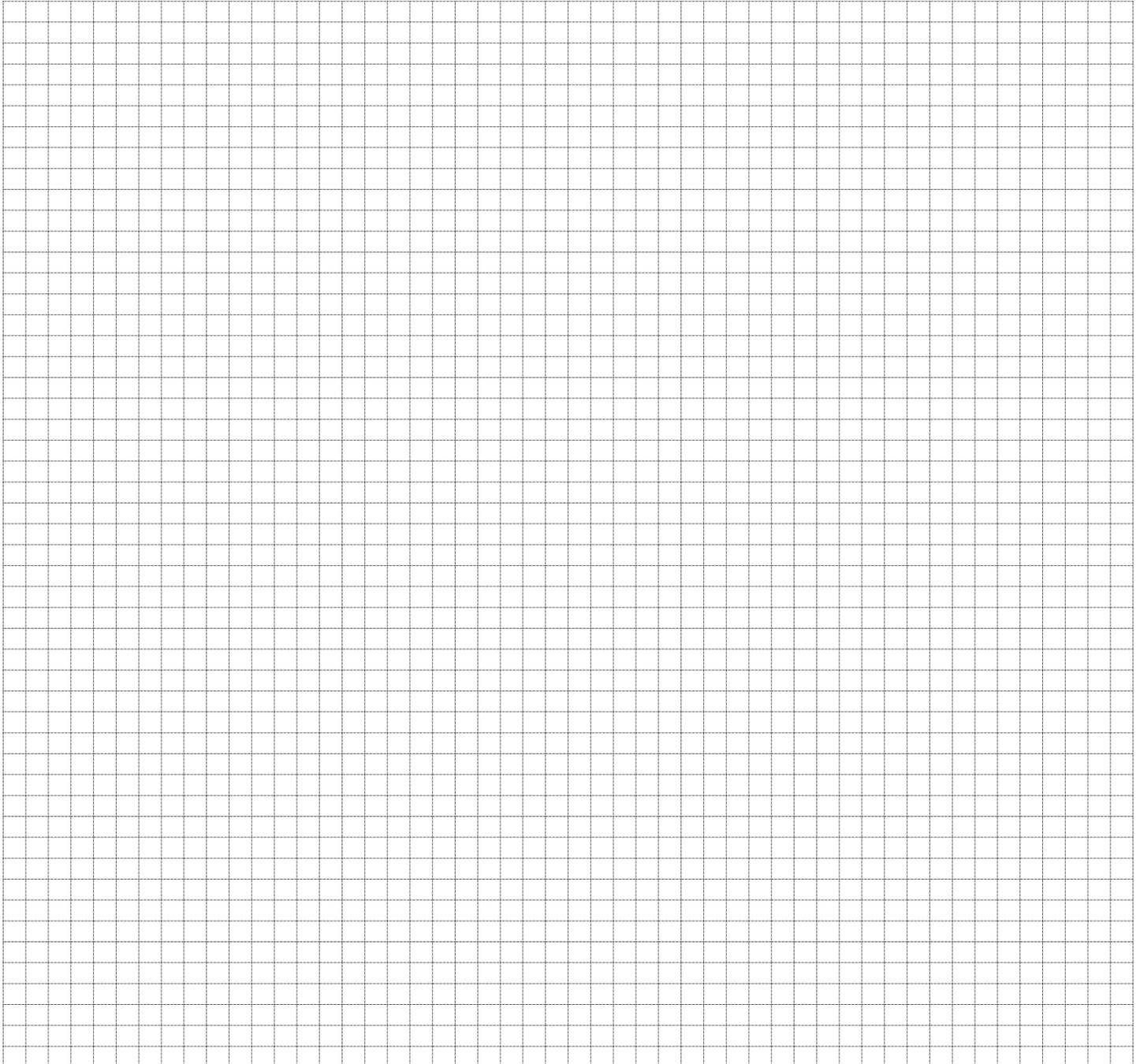
This section must be completed for all new buildings or structures, additions or Change of Use. Show all of the following:  
(Any non-residential structure 600 sq. ft. or larger or greater than 20' in height requires Site Plan Review with the Planning Commission.)

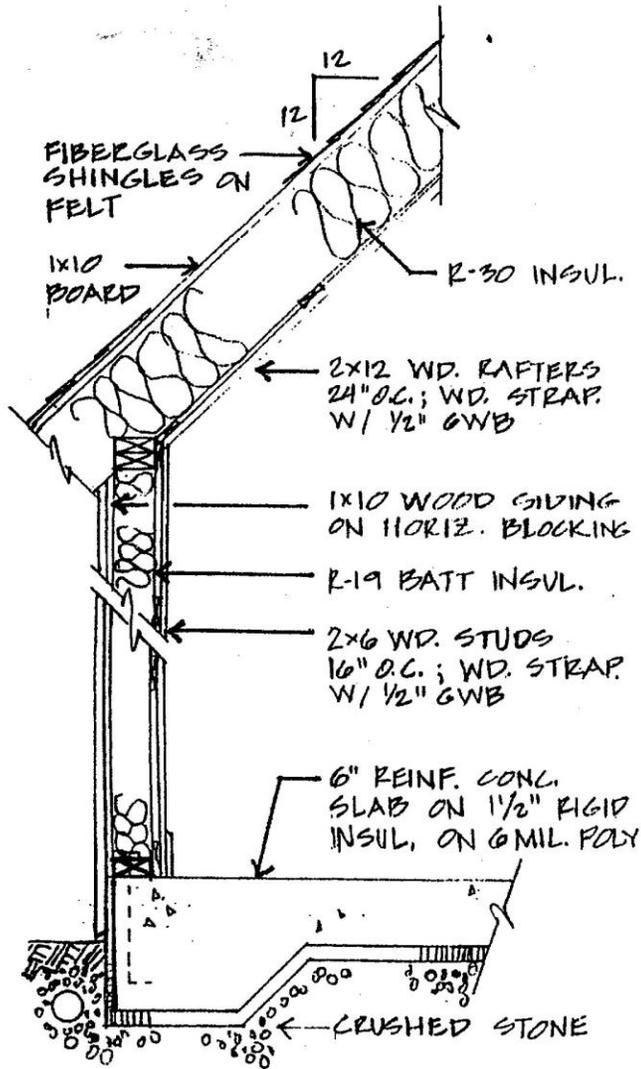
- ✓ PROPERTY LINES & DIMENSIONS; STREETS AND STREET NAMES
- ✓ LOCATION OF PROPOSED BUILDING, STRUCTURE OR ADDITION
- ✓ DISTANCE FROM PROPERTY LINES TO NEW BUILDING, STRUCTURE OR ADDITION
- ✓ EXISTING BUILDINGS
- ✓ PROPOSED AND EXISTING DRIVEWAYS
- ✓ LOCATION OF SEPTIC (IF APPLICABLE)

Also, include the following for a Change of Use, Home Occupation or non-residential use not requiring Site Plan Review.

- ✓ PARKING AREAS, EXISTING AND PROPOSED
- ✓ NUMBER OF OFF-STREET PARKING SPACES
- ✓ EXISTING AND PROPOSED DRIVEWAY OPENINGS (INCLUDE DIMENSIONS)
- ✓ LANDSCAPE BUFFERS AND PLANTINGS (NON-RESIDENTIAL ONLY)
- ✓ PROPOSED AND EXISTING LIGHTING AND TYPE OF FIXTURE (NON-RESIDENTIAL ONLY)

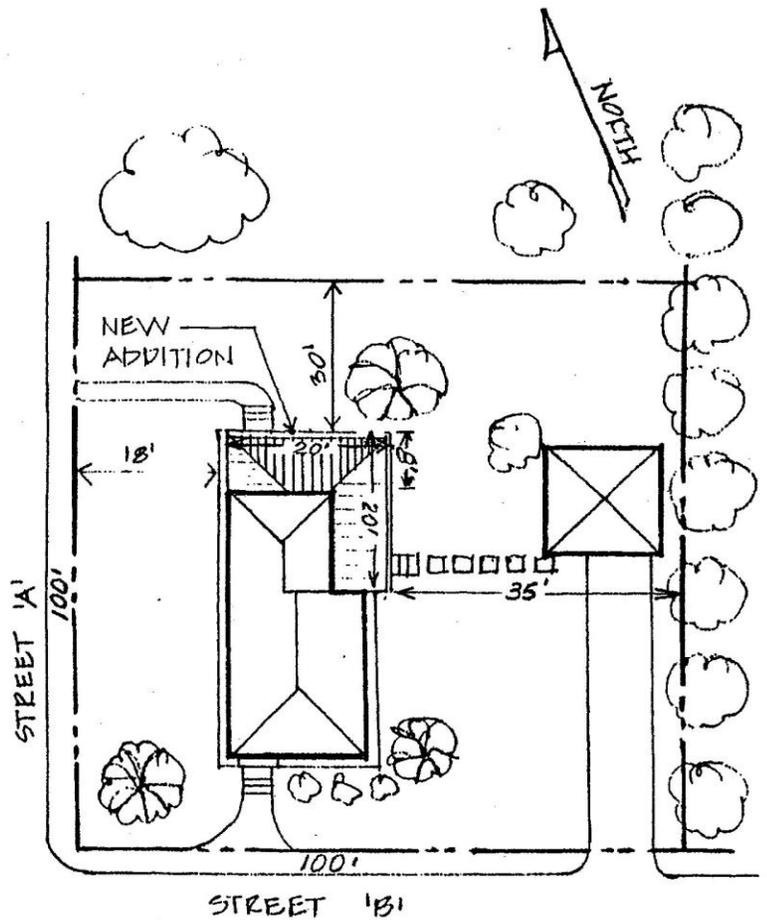
**You may use a separate sheet if necessary. For minor projects, GIS photos may be used as a supplement.**





115 'B' STREET - WALL SECTION  
SCALE =

### SAMPLE WALL SECTION



115 'B' STREET - SITE PLAN  
SCALE =

### SAMPLE SITE PLAN

<b>Validation</b>		
<input type="checkbox"/> APPROVED	_____	_____
	Code Enforcement Officer	Date
<input type="checkbox"/> DENIED	_____	_____
	Code Enforcement Officer	Date
<b>Notes/Conditions</b>		