



Town of Wilton

Building Permit Application

Date of Application _____

Fee \$ _____

Owner's Name _____ Phone: _____

Mailing Address: _____

Physical Address of Activity: _____

Contractors Name: _____ Phone: _____

TYPE OF CONSTRUCTION (CIRCLE)

NEW

REMODEL

ADDITION

DEMOLITION

MOVING

Brief description (indicate type of structure and the proposed activity i.e. "remodel kitchen or single family home" or replace roof of a duplex").

USE OF STRUCTURE (CIRCLE)

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

OTHER

TYPE OF SEWAGE DISPOSAL

EXISTING: TOWN _____ SEPTIC _____ N/A _____

PROPOSED: TOWN _____ SEPTIC _____ N/A _____

TYPE OF WATER SUPPLY: TOWN _____ WELL _____

MOBILE HOME SERIAL# _____ MAKE/MODEL/YEAR _____

FOUNDATION TYPE: SLAB _____ FROST WALLS _____ FULL FOUNDATION _____ OTHER _____

DIMENSIONS: _____ X _____ STORIES: _____ OTHER: _____

APPROXIMATE TOTAL COST OF LABOR & MATERIALS: \$ _____

SQUARE FOOTAGE TO RECEIVE STRUCTURAL IMPROVEMENTS: _____ S.F.

LOT SIZE - TOTAL ACREAGE: _____

LOT DIMENSIONS: FRONT _____ RIGHT _____ BACK _____ LEFT _____
FRONT SETBACK: _____ REAR SETBACK: _____
RIGHT SIDE SETBACK: _____ LEFT SIDE SETBACK: _____

ADDITIONAL PERMITS, APPROVALS AND INSPECTIONS THAT MAY BE REQUIRED:

PLUMBING: _____ D.E.P. _____ SEPTIC/HHE200: _____ STATE ELECTRICAL: _____
PLANNING BOARD; _____ FIRE MARSHALL: _____ SELECTMEN: _____ DEPT. OF AGRIC. _____
TPI CERTIFICATE OF OCCUPANCY; _____

***NOTE: ANY ENTRANCE ACCESSING ANY STATE OF MAINE HIGHWAY REQUIRES A DEPT. OF TRANSPORTATION PERMIT.**

SIGNATURE OF APPLICANT: _____ DATE: _____

Please provide a set of plans for the building being purposed along with the completed application form.

PLOT PLAN

Please attach a sketch of property and locations of all existing, or proposed structures. NOTE: Any measurement more than 50' in excess of what is required for your district can be estimated. The information on this plan was supplied by the applicant. Property lines and set-backs shall be verified by the Property Owner/Contractor prior to construction. Any discrepancy from that shown, shall be immediately brought to the attention of the CEO of Wilton

ROAD NAME: _____

IS IT A PUBLIC ROAD _____ YES _____ NO

SECTION II: (OFFICE USE ONLY TO BE COMPLETED BY TOWN STAFF)

OWNERS NAME: _____

ASSESSORS' MAP _____ SUB Map _____ LOT _____ SUB Lot _____

ZONE: _____

PHYSICAL LOCATION: _____

WITHIN 250' OF RIVER/POND? _____ YES _____ NO

FLOODPLAIN: _____ YES _____ NO

SIGNATURE OF CEO: _____ DATE: _____

APPROVED: _____ DENIED: _____

REASON:
