



# TOWN OF HIRAM

Code Enforcement Office - 16 Nasons Way, Hiram, Maine 04041

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**MULTI-PURPOSE PERMIT APPLICATION #:**

**Date of Application:**

**Owner/Applicant  
Information**

Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**(If different than property owner)**

Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## PROPERTY INFORMATION

Site Address: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Lot Size: \_\_\_\_\_ Zone: \_\_\_\_\_

Is property located in an approved subdivision?  Yes  No

## PROJECT DETAILS

Type of Permit Requesting:  Accessory Structure  Addition  Alteration/Repair  
 Change of Occupancy  Change of Use  Commercial  Demolition  Mobile Home  
 Move Structure(s)  New Structure  Occupancy  RV 30-120 Days  RV > 120 Days  
 Solar Array  Swimming Pool (inground)  Other: \_\_\_\_\_

\*For Change of Use Only\* Present Occupancy Use: \_\_\_\_\_ Proposed Occupancy Use: \_\_\_\_\_

Present Land Use: \_\_\_\_\_ Proposed Land Use: \_\_\_\_\_

Complete Description of Work (size and type of structure): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If within Shoreland Zone; site contractor erosion control certification #: \_\_\_\_\_

## FOR DEMOLITION

Asbestos Containing Materials Present?  Yes  No Description of Material: \_\_\_\_\_

Removal/Abatement Required?  Yes  No (Maine Asbestos Building Demolition Notification Form D Required)

Plan for Disposal of Debris: \_\_\_\_\_

Erosion Control required?  Yes  No

If within Shoreland Zone; site contractor erosion control certification #: \_\_\_\_\_

**Project Information:** A set of detailed plans or working drawings (drawn to scale) are ***required*** for all new construction. Plans must be of sufficient clarity and detail to show the nature and character of the work to be performed and include foundation plan with cross section; floor plan (each floor); front, back, and side elevations.

Proposed Foundation Type:  Full 8'  Frost Wall 4'  Slab  Pier

Material:  Concrete  Block  Wood  Other: \_\_\_\_\_

Footing Size: W: \_\_\_\_\_ D: \_\_\_\_\_

### Floor System: First Floor

Joist Size: \_\_\_\_\_ Spacing o.c.: \_\_\_\_\_ Max Span: \_\_\_\_\_ Rows Bridging: \_\_\_\_\_

Joist Carrier materials and size: \_\_\_\_\_

Number of support columns: \_\_\_\_\_

### Floor System: Other Floors

Joist Size: \_\_\_\_\_ Spacing o.c.: \_\_\_\_\_ Max Span: \_\_\_\_\_ Rows Bridging: \_\_\_\_\_

Joist Carrier materials and size: \_\_\_\_\_

Number of support columns: \_\_\_\_\_

### Wall/Ceiling Framing

Exterior Stud Material & Dimension: \_\_\_\_\_

Exterior Wall Stud Spacing: \_\_\_\_\_

Sheathing Material & Thickness: \_\_\_\_\_

Ceiling Joist Size and Spacing: \_\_\_\_\_

### Roof System

Roof Type:  Rafters  Truss Pitch: \_\_\_\_\_

Rafter Size: \_\_\_\_\_ Spacing: \_\_\_\_\_ Max Span: \_\_\_\_\_

Sheathing Material & Thickness: \_\_\_\_\_

Type of Roof Covering: \_\_\_\_\_

### Decks Only

Joist Size: \_\_\_\_\_ Spacing: \_\_\_\_\_ Span: \_\_\_\_\_ Joist Carrier Dimension: \_\_\_\_\_

Support Column Material: \_\_\_\_\_ Spacing: \_\_\_\_\_ Decking Material: \_\_\_\_\_

Height of Deck from Grade: \_\_\_\_\_ Guard Rail Height: \_\_\_\_\_

Baluster Spacing: \_\_\_\_\_

I HERBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS THEIR AGENT. I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. IN ADDITION, IF THIS PERMIT IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR HIS REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER ALL AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR FOR THE PURPOSES OF INSPECTING SAID WORK.

**Permit Fee:** \$ \_\_\_\_\_ **Paid:**  Cash  Check #: \_\_\_\_\_

Printed Name: \_\_\_\_\_ **Owner / Authorized Agent**

Signature/Date: \_\_\_\_\_ **Owner / Authorized Agent**

## Site Plan

Attach or draw a ***detailed*** site plan showing the location of all existing buildings, proposed structures, lot lines, setbacks from lot lines, wells, and septic systems; right of ways, all wetlands and water bodies including streams. Include 100-foot shoreland setback or flood elevations if applicable. By Submitting this information, you take responsibility for measurements on the plan to be true and accurate.

## Contractor Information

Building Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Site/Excavating Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Concrete Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Septic System Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Other Permits Required

1. Driveway Permit required from Maine D.O.T. (if driveway enters onto a State or State Aid Highway) or CEO/Road Commissioner for Town Roads.
2. Plumbing Permits: Exterior SSWD - 3 copies of (Form HHE-200) from Maine Soil Engineer  
Interior Plumbing Permit - (Form HHE-211) from Local Plumbing Inspector
3. Saco River Corridor Commission Permit (if within 500 feet of Saco or Ossipee River) from SRCC.
4. Occupancy Permit: No dwelling shall be occupied until a Certificate of Occupancy has been issued by the CEO.
5. Electrical Permit: Hiram does not issue permits or inspect installations; contact CEO if you need further information.

## Notes and Certification:

- A copy of the recorded deed must be submitted with this application for a new structure being built on an unimproved lot.
- Inspections are required for the following construction work:
  1. Footings and foundations (prior to pouring concrete)
  2. Drainage/Radon piping, foundation coating (prior to backfilling)
  3. Framing (prior to covering structural members)
  4. Rough plumbing and pressure test of vent, drain, and supply lines as per Plumbing Code prior to covering structural members.
  5. Subsurface Waste Disposal Systems require inspection in accordance with State of Maine Subsurface Wastewater Disposal Rules (bottom of bed and prior to covering).
  6. Final inspection prior to occupancy.
- To the greatest extent possible, please schedule inspections with the CEO at least 24 hours ahead of time.
- This permit shall expire if construction is not started within one year and not completed within 2 years of permit issue date.

## Action by Local Boards (Office Only)

- Action of the Planning Board (if required)

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Date Disapproved: \_\_\_\_\_

Signature of Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: If disapproved, attach a statement indicating findings and conclusions.

- Action of Board of Appeals (if required)

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Date Disapproved: \_\_\_\_\_

Signature of Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: If disapproved, attach a statement indicating findings and conclusions.