



# Town of Porter

71 Main Street · Porter, ME 04068  
 Phone: (207) 625-8344 · Fax: (207) 625-4120

Date Received \_\_\_\_\_  
 Fee Paid \_\_\_\_\_  
 Permit# \_\_\_\_\_  
*For Office Use Only*

## Building Demolition Permit Application

THIS PERMIT (A Land Use Review per the Town Ordinance) MUST BE APPROVED BY CODE ENFORCEMENT OFFICER FOR STRUCTURES 600 SQUARE FEET OR LARGER

**An application fee must be submitted with this form: \$75**

<b>Property Owner (required)</b> <input type="checkbox"/> Check Box if primary contact
<b>TAX MAP</b> _____ <b>LOT</b> _____
<b>Name:</b>
<b>Address:</b>
<b>Phone:</b>
<b>Email:</b>
<b>Primary Contact (Name, Email, Phone):</b>
<b>Legal interest in the property (Please state: Deed, P&amp;S Agreement, Other (specify)):</b>
<b>Proposed Start (Month/Day/Year):</b>
<b>*Purpose of Demolition (Land Use):</b>
<b>*Will there be a replacement structure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Street of Driveway entrance:</b>

The following written information must be included with the plan:

<b>Lead</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Asbestos</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Mercury</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>PCBs</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>*In Shoreland?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>*In the Saco River Corridor?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Dust, Fumes, Vapors?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Erosion Control</b>	<input type="checkbox"/> Yes	<b>Stormwater Management</b>	<input type="checkbox"/> Yes
<b>*Cellarhole to be kept?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>*Archeological or Historical Resources?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Explosive Materials?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Where is the material to be disposed of? \_\_\_\_\_

Where is access to the site for removal?

Will hours of removals be between 6:30 am and 8:30 pm?  Yes  No

\_\_\_\_\_  
 Applicant signature and date

\_\_\_\_\_  
 CEO signature and date