



TOWN OF HIRAM

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

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www.townofhiram.org

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 Dwelling 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 HERBLY 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.