



## TOWN OF HIRAM

Code Enforcement Office  
16 Nasons Way  
Hiram ME 04041

Guy Lehouillier

Office 207-625-4663

Cell 256-2410

<b>MULTI-PURPOSE PERMIT APPLICATION #</b>			<b>Date of Application:</b>	
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<b>MAP</b>	<b>LOT</b>	<b>LOT SIZE</b>	<b>ZONE</b>
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**Property Location:**

**Owner/Applicant Information**

Property Owner's Name: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

**(if different than property owner)**

Applicant's Name: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

**Type of permit Requested (check request):**

New Structure <input type="checkbox"/>	Addition <input type="checkbox"/>	Alteration/Repair <input type="checkbox"/>	Mobile Home <input type="checkbox"/>
Commercial <input type="checkbox"/>	Change of Occupancy <input type="checkbox"/>	Swimming Pool (inground) <input type="checkbox"/>	RV 30-120 Days <input type="checkbox"/>
Change of Use <input type="checkbox"/>	Demolition <input type="checkbox"/>	Accessory Structure <input type="checkbox"/>	RV > 120 Days <input type="checkbox"/>
Solar Array <input type="checkbox"/>	Move Structure(s) <input type="checkbox"/>	Occupancy <input type="checkbox"/>	Other <input type="checkbox"/>

Present Occupancy Use:	Proposed Occupancy Use:
Present Land Use:	Proposed Land Use:

<b>For Demolition:</b>
Asbestos Containing Materials Present? YES <input type="checkbox"/> NO <input type="checkbox"/> Description of Material:
Removal/Abatement required? YES <input type="checkbox"/> NO <input type="checkbox"/> (Maine Asbestos Building Demolition Notification Form D Required)
Plan for Disposal of Debris <input type="checkbox"/>

Erosion Control Required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If within Shoreland Zone; site contractor erosion control certification #:		
Is property located in an approved subdivision?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Complete Description of Work:** (size and type of structure)

**Contractor Information:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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.

**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 w/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: \_\_\_\_\_

Floor sheathing material and thickness: \_\_\_\_\_

**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: \_\_\_\_\_

**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 (TO BE FILLED IN BY 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.

PERMIT FEE \$ \_\_\_\_\_ PAID: CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

I HEREBY 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.

PRINTED NAME \_\_\_\_\_ OWNER / AUTHORIZED AGENT

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
OWNER / AUTHORIZED AGENT