



Zoning Permit Application

TAX MAP ___ LOT ___

CONTACT INFORMATION

Applicant (if different than Owner):

Name _____

Address _____

Phone Number _____

Email _____

Property Owner:

Name _____

Address _____

Phone Number _____

Email _____

PROPERTY INFORMATION

District (circle one): **D1 D2 D3 D4 D5 D6 SD-** _____ (Special District)

Street Address _____

Lot Size _____ Acres Lot Frontage _____ ft.

SECTION 1

PROJECT INFO:

Proposed:

Lot Division () **New Construction** () **Use/Change of Use** ()

Addition () **Massing/Arch. Component** () **Additional Structure** () **Other** _____

Commercial () **Residential** () **Mixed Use** () **Multi Unit** ()

Existing Use _____ Proposed Use _____

Primary Building () Accessory Building ()

Number of Units: Existing _____ Proposed _____

Building Dimensions:

Footprint of proposed structure/s _____ sf. Total Building area _____ sf.

Width _____ ft, Depth _____ ft, Number of Stories _____

Setbacks: Front _____ ft., Side _____ ft. Rear _____ ft., (distance to proposed structure from lot line or R.O.W.)

Provide brief description of project:

Provide a sketch of proposed project on the back of this sheet or provide an itemization additional information being submitted with this application.

**TOWN OF NEWCASTLE
ZONING PERMIT APPLICATION**

OFFICE ADMINISTRATION USE ONLY

PERMIT NUMBER: _____

TAX MAP ___ **LOT** ___

DEVELOPMENT REVIEW TYPE: (X)

- | | | |
|----------------------------------|---------------------------------|-----------------------|
| a. Small Project Plan ___ | b. Large Project Plan ___ | c. Master Plan ___ |
| d. Residential Companion Use ___ | e. Subdivision Plan ___ | f. Plan Revision ___ |
| g. Expanded Use Permit ___ | h. Use/Change of Use Permit ___ | i. Special Permit ___ |
| j. Variance ___ | | |

This project requires Virtual Lot review: YES () NO ()

A sketch of proposed lot has been provided: YES () NO ()

ADDITIONAL PERMIT APPLICATIONS: (X)

- | | | |
|-------------------------|---------------------------------|----------------------------|
| a. Shoreland Zoning ___ | b. Resource Protection ___ | c. Flood Plain ___ |
| h. Demolition Delay ___ | e. Wireless Communications ___ | f. Timber Harvesting ___ |
| g. Earthwork ___ | h. Erosion/Sediment Control ___ | i. Seasonal Conversion ___ |
| j. Mobile Home Park ___ | | |

SEWER INFO: A sewer system: is required to be installed (), is existing ()

This section is not applicable to the application type ()

Private () Municipal ()

Private Septic Permit Number: _____ Municipal Connection Agreement Identifier: _____

Residential Use (per unit): number of bedrooms _____ number of bathrooms _____

APPLICATION FEE: \$ _____ **Date Payment Received** _____

Is the existing Building, Lot or Use to be considered: Conforming () Non-Conforming ()

This Application requires Planning Board Review YES ___ NO ___

Proposed Date to be reviewed by Planning Board: _____

This Application has been: APPROVED () DENIED () **APPROVED BY :** _____

PERMIT FEE: \$ _____ **Date Payment Received** _____

PERMIT PROCESSED BY: _____

SIGNATURE OF APPLICANT

I certify that the above submitted application and information within is correct to the best of my knowledge and understand that any falsification is reason for denial of permit.

Applicant

Date

Flood Zone Classification _____ Panel Number _____ Base Flood Elevation _____

Fair Market Value of existing structure \$ _____

Renovation Cost \$ _____ (fair value, including all labor and material)

Elevation of the lowest portion of the structure (including basement) _____

Name of the certified professional documenting elevation of structure _____

Address _____, Phone number _____

Email address: _____

SECTION 3 - SHORELAND ZONING

This section -Not Applicable ()

THIS SECTION APPLIES ONLY THAT PORTION OF THE STRUCTURE THAT IS LESS THAN THE REQUIRED SETBACK

Please indicate the following for that portion of the structure that is less than 75 feet from the highwater water mark of tidewater and 100 feet from the fresh water and/or for that portion of the structure that is less than 15 feet from the property line.

Square feet _____ Total Volume _____ Cubic Feet

Total square footage _____ x30% equals _____ area of expansion

Please indicate the amount of additional square footage proposed _____ sf.

Please indicate the amount of additional volume proposed _____ cu.ft.

SECTION 4 - FLOOD PLAIN BUILDINGS ONLY

This section -Not Applicable ()

Does your project include any foundation work? YES () NO ()

Will the foundation extend beyond the outer limits of the structure, as it exists now?

Will the new foundation cause the structure to be elevated more than 3 additional feet? YES () NO ()

Will you attempt to relocate the foundation and/or structure to meet the setback requirements to the greatest practical extent possible? YES () NO ()

SECTION 5 – PIERS, DOCKS, WHARFS, FLOATS AND/OR STAIRWAYS

This section -Not Applicable ()

Application for:

New _____, Repair Existing _____, Replacement _____

Dimensions: Wharf _____, Ramp (s) _____, Float (s) _____

Sideline Setbacks _____

Stairway dimensions _____

Please supply a detail drawing showing the footprint and profile of the structure, high and low water elevation marks and sideline locations.

SECTION 6 – FARMLAND, OPEN SPACE, TREE GROWTH, OR WORKING WATERFRONT

This section -Not Applicable ()

Please indicate the amount, if any, acreage that is currently in the farmland, open space, tree growth, or working waterfront. Please also list any other pertinent information in this space.

SECTION 7 – EARTHWORK

This section - Not Applicable ()

Please indicate any excavating or driveway work you are planning by attaching any sketches or drawings that may be relevant

END OF APPLICATION