

Municipal Office, Town of Bristol, Maine

P. O. Box 339 Bristol, Maine 04539
Telephone (207) 563-5270 Fax (207) 563-6103
www.bristolmaine.org

Municipal Use Only				
Permit Number:				
Date Received:				
Preferred Communication Style:				
Call:				

BUILDING PERMIT

		Valid for One Year from Date of	Issuance	
1.	Property Address:		Map: Lot:	
2.	Owner's Name:	Phone:	Email:	
	Mailing Address:			
3.	Owner's Agent:	Phone:	Email:	
	Mailing Address:			
4.	Proposed Project: New Addition Relocation Demolition Change of Use Swimming Pool			
5.	Proposed Use: Commercial Residential Accessory Structure			
6.	Description of project:			
7.	Subdivision: Yes No	Name of Subdivision:		
8.	Mobile home: Size	Make	Year:	
	Serial No.	Manufacturer	Total Square Footage	
9.	Construction: Type Frame	Type Fo	undation	
	Total Square Footag	ge Estimate	d cost of project \$:	
10.			r, or salt water body) must be approved by the of a Shoreland Zoning Permit application.	
11.	11. Setbacks: No structure may be placed closer than 50 feet from the edge of the traveled way of any public or private road. No structure may be placed closer than 10 feet from property line. Any exception requires a variance.			
12.	12. Submit sketch and/or plot plan with distance to all boundary lines and building floor plans.			
13.	3. Any changes in project as submitted require Selectmen/CEO approval.			
14.	4. Any proposed dwelling requires an approved sewage disposal system.			
15.	A Certificate of Occupancy is require	red BEFORE any structure may be i	nhabited or used.	
	formation may invalidate a permit an nd insure compliance with regulation		ur signature authorizes inspections necessary to issue	
	l plumbing must have approval of Bri modular home must be accompanied		ermit applications submitted for either a mobile	
	that if this permit is granted, I will co g Code (MUBEC), and the National F		ances of the Town of Bristol, the Maine Uniform Safety Code 101.	
Signatur	re of Property Owner/Agent:		Date:	
		Municipal Use Only		
	Board or Planning Board val (check if required):	Signatures of Elected Officials:	Code Enforcement Officer responsible for review:	
			Printed name:	
	aid \$		Signature:	