



Building Permit Application

Town of Lincoln
29 Main Street
Lincoln, ME 04457
207-794-3372

I. General Information

Project:	Applicant Email:
Applicant Name:	Applicant Phone Number:
Applicant Mailing Address:	
Property Owner Name:	Property Owner Phone Number:
Property Owner Mailing Address:	

II. Property Information

Address of Property:	Tax Map:	Lot:
Lot Size (acres): _____	Zone: _____	Is this property in a flood Plain? ___ YES ___ NO

III. Type of Structure

Type of Improvement <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Significant repair, Replacement <input type="checkbox"/> Relocation of building <input type="checkbox"/> Fence/ Deck	Proposed Use <input type="checkbox"/> Single Family <input type="checkbox"/> Multi- Family (# _____ units) <input type="checkbox"/> Garage/ Carport <input type="checkbox"/> Mobile Home, Year _____ Serial # _____ <input type="checkbox"/> Non- residential (specify) _____ <input type="checkbox"/> other (specify) _____
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IV. Building Information (for proposed construction)

Principal Type of Framing (Check all that apply) <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Framing <input type="checkbox"/> Steel Framing <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other (specify) _____	Type of Water Supply <input type="checkbox"/> Public <input type="checkbox"/> Private Well <input type="checkbox"/> Sprinkler system	Building Size: _____ Number of stories _____ Total Square Footage of finished floor space
	Type of Sewage Disposal <input type="checkbox"/> Public <input type="checkbox"/> Private Septic Is Design on file? ___ YES ___ NO	Driveway Existing? ___ YES ___ NO DOT Entrance permit filed, if needed? ___ YES ___ NO
Number of Bedrooms: _____ Number of Bathrooms: Full ___ Half _____	Total Project Cost (excluding Electrical and Plumbing) \$ _____	

V. Shoreland Zoning Requirements

Do you wish to expand a building in the Shoreland Zone: ___ YES ___ NO
Has the building been expanded since 1988? ___ YES ___ NO
Existing SF: _____ Proposed SF: _____
30% Expansion amount allowed: Square Footage _____ Volume _____

VI. Zoning Minimums

Front Setback :	Side Setback:	Rear Setback:	Lot Coverage %:	Minimum Road Frontage:

