Received

Date. \_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_

Permit Number: 2025\_\_\_\_\_ Init \_\_\_\_\_\_\_

Town of West Paris, Maine

Notification of Intent to Build or Remodel

This form is written in conjunction with the Building Notification Ordinance passed on March 3 2001 at the annual West Paris Town Meeting and amended at a Special Town Meeting on September 28, 2017.

Name of Person submitting this notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Date: \_\_\_\_\_\_\_\_\_\_\_\_ Phone: (H)\_\_\_\_\_\_\_\_\_\_\_\_\_ (W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_

Anticipated Beginning Date of Construction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note your intention by circling one or more of the following:

Construction Alteration Relocation Placement Replacement Renovation Demolition Other

Description of Proposed Project: Provide Sketch; Size of Building; Year, Serial # and size of Mobile Home; Copy of Plan if available. Use another sheet of Paper if necessary.  
  
  
  
Map\_\_\_\_\_\_\_ Lot \_\_\_\_\_\_Physical Address of Project: Street Number: \_\_\_\_\_\_\_Name of Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 Owner/Owner’s Agent Signature Date  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Code Officer Use Only: Date received by CEO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Denied: \_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_\_\_\_  
  
Reason(s) for denying application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   
Code Enforcement Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_