

TOWN OF NORTH BERWICK
BUILDING PERMIT REQUIREMENTS
ALL BUILDING PERMIT APPLICATIONS MUST INCLUDE THE FOLLOWING:

DWELLINGS:

1. Set of Plans, drawn to scale, showing;
 - a) Foundation
 - b) Elevations
 - c) Floor Plans
 - d) Detailed Cross Section
2. Plot Plan
 - a) Show the location of all existing and proposed structures, with dimensions to all lot lines.
3. Copy of Deed
 - a) Must be in name of Applicant.
4. Septic Design
 - a) Three (3) Copies.
5. Driveway Permit
 - a) Must be signed by Road Commissioner.

GARAGES, SHEDS, ADDITIONS, DECKS:

1. Set of Plans, Drawn to scale, Showing:
 - a) Foundation, Slab, or Concrete tubes etc.
 - b) Elevations
 - c) Floor Plan
 - d) Cross Section
2. Plot Plan
 - a) Show the location of all existing and proposed structures, with dimensions to all lot lines.
3. Copy of Deed:
 - a) Must be in name of applicant.

**The Town of North Berwick has adopted the following codes with
which all buildings must comply:**

- a) International Building Code 2009
- b) NFPA 70 National Electric Code
- c) State of Maine Plumbing Code
- d) Maine Subsurface Waste Water Disposal Rules

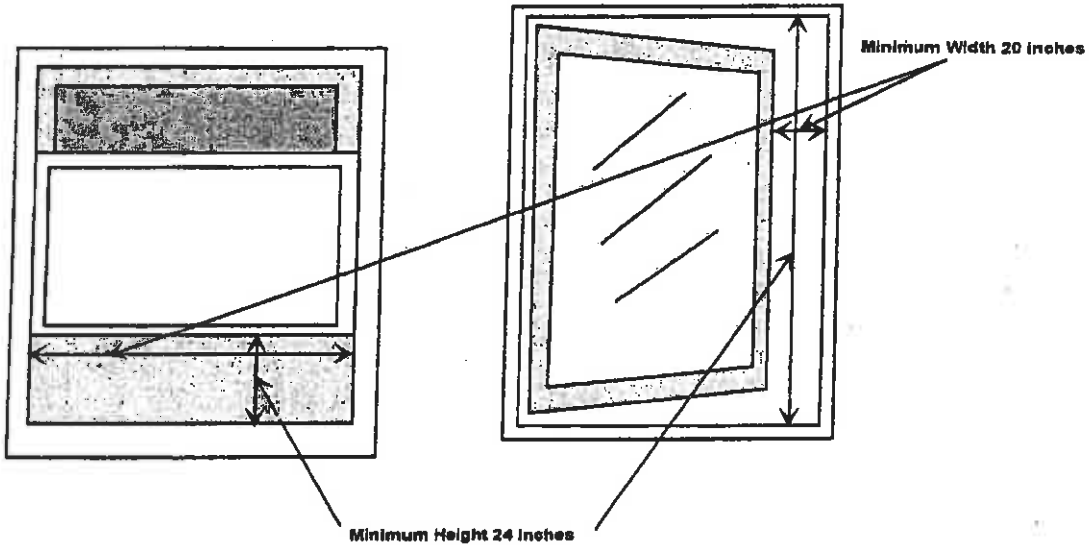


Department of Public Safety
Licensing and Inspections Unit
164 State House Station
Augusta, Maine 04333-0164



To whom it may concern;

The Department of Public Safety does not recognize the act of removing the sashes of a double hung window to achieve the minimum of 5.7 square feet of clear opening. The method used by this department in measuring the clear opening of a window is illustrated below. This method uses the opening when the window is in its normal open position.



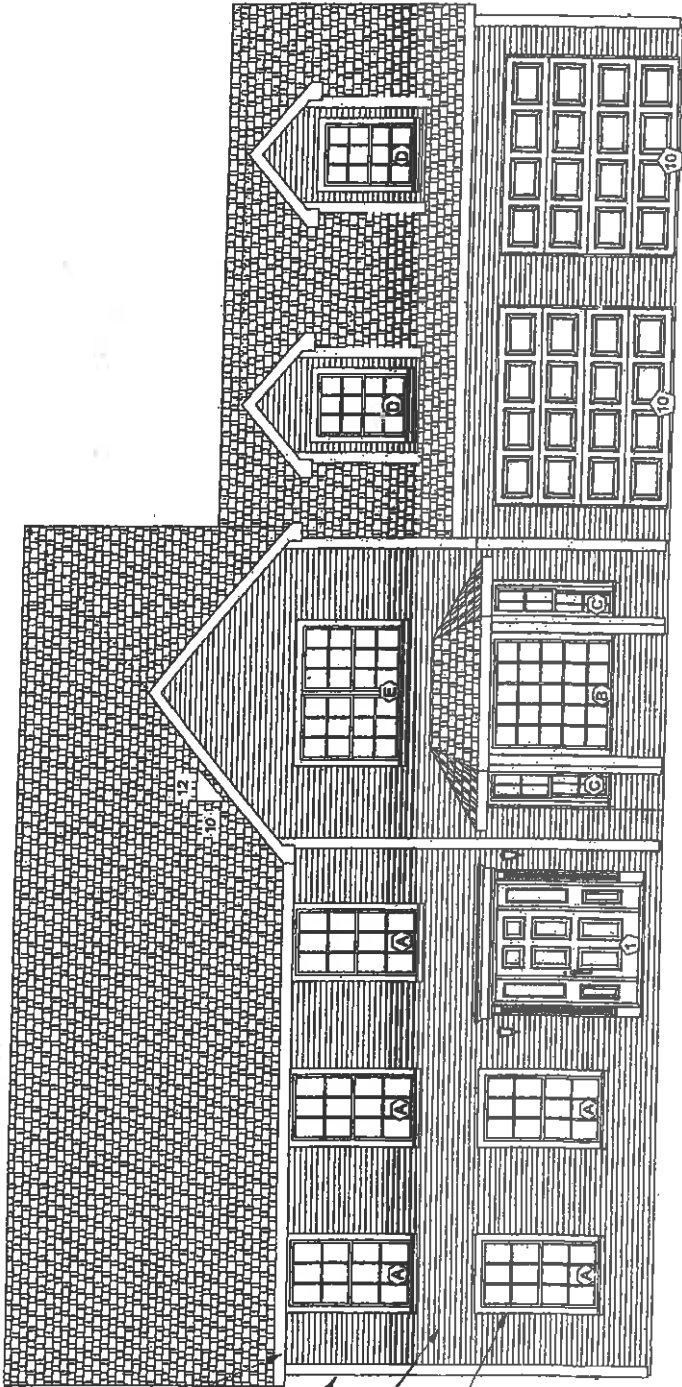
To calculate the square footage of the opening multiply the width of the opening by the height of the opening and divide by 144.

SAMPLE

32" WIDE TIMES 26" TALL = 832 SQUARE INCHES. WHEN DIVIDED BY 144 THIS COMES OUT AT 5.777 SQUARE FEET.

height	width																
	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
24	3.33	3.50	3.67	3.83	4.00	4.17	4.33	4.50	4.67	4.83	5.00	5.17	5.33	5.50	5.67	5.83	6.00
25	3.47	3.69	3.82	3.99	4.17	4.34	4.51	4.69	4.86	5.03	5.21	5.38	5.56	5.73	5.90	6.08	6.25
26	3.61	3.79	3.97	4.15	4.33	4.51	4.69	4.88	5.06	5.24	5.42	5.60	5.78	5.96	6.14	6.32	6.50
27	3.75	3.84	4.13	4.31	4.50	4.69	4.88	5.06	5.25	5.44	5.63	5.81	6.00	6.18	6.38	6.56	6.75
28	3.89	4.08	4.28	4.47	4.67	4.86	5.06	5.25	5.44	5.64	5.83	6.03	6.22	6.42	6.61	6.81	7.00
29	4.03	4.23	4.43	4.63	4.83	5.03	5.24	5.44	5.64	5.84	6.04	6.24	6.44	6.65	6.85	7.05	7.25
30	4.17	4.38	4.58	4.79	5.00	5.21	5.42	5.63	5.83	6.04	6.25	6.46	6.67	6.88	7.08	7.29	7.50
31	4.31	4.52	4.74	4.95	5.17	5.38	5.60	5.81	6.03	6.24	6.46	6.67	6.89	7.10	7.32	7.53	7.75
32	4.44	4.67	4.89	5.11	5.33	5.56	5.78	6.00	6.22	6.44	6.67	6.89	7.11	7.33	7.56	7.78	8.00
33	4.58	4.81	5.04	5.27	5.50	5.73	5.96	6.19	6.42	6.65	6.88	7.10	7.33	7.56	7.79	8.02	8.25
34	4.68	4.91	5.04	5.27	5.50	5.73	5.96	6.19	6.42	6.65	6.88	7.10	7.56	7.79	8.03	8.26	8.50
35	4.72	4.96	5.19	5.43	5.67	5.90	6.14	6.38	6.61	6.85	7.08	7.32	7.78	8.02	8.26	8.51	8.75
36	5.00	5.25	5.50	5.75	6.00	6.25	6.50	6.75	7.00	7.25	7.50	7.75	8.00	8.25	8.50	8.75	9.00
37	5.14	5.40	5.66	5.91	6.17	6.42	6.68	6.94	7.19	7.45	7.71	7.97	8.22	8.48	8.74	8.99	9.25
38	5.28	5.54	5.81	6.07	6.33	6.60	6.86	7.13	7.39	7.65	7.92	8.18	8.44	8.71	8.97	9.24	9.50
39	5.42	5.69	5.96	6.23	6.50	6.77	7.04	7.31	7.58	7.85	8.13	8.40	8.67	8.94	9.21	9.48	9.75
40	5.56	5.83	6.11	6.39	6.67	6.94	7.22	7.50	7.78	8.06	8.33	8.61	8.89	9.17	9.44	9.72	10.00
41	5.69	5.98	6.26	6.55	6.83	7.12	7.40	7.69	7.97	8.26	8.54	8.83	9.11	9.40	9.68	9.97	10.25
42	5.83	6.13	6.42	6.71	7.00	7.29	7.58	7.88	8.17	8.46	8.75	9.04	9.33	9.63	9.92	10.21	10.50
43	5.97	6.27	6.57	6.87	7.17	7.47	7.78	8.06	8.36	8.66	8.96	9.26	9.56	9.85	10.15	10.45	10.75

PAGE: 1A	FRONT ELEVATION		WOOD FRAME	DATE:
	COLONIAL		CONST. TYPE: R4	SITE:
	USE GROUP: R4	BUILDER:	HOMEOwner:	



- 8" FASCIA WITH 4" SHADOW BOARD
- 6" VINYL CORNERS
- 4 1/4" VINYL SIDING
- 1 X 4 TRIM

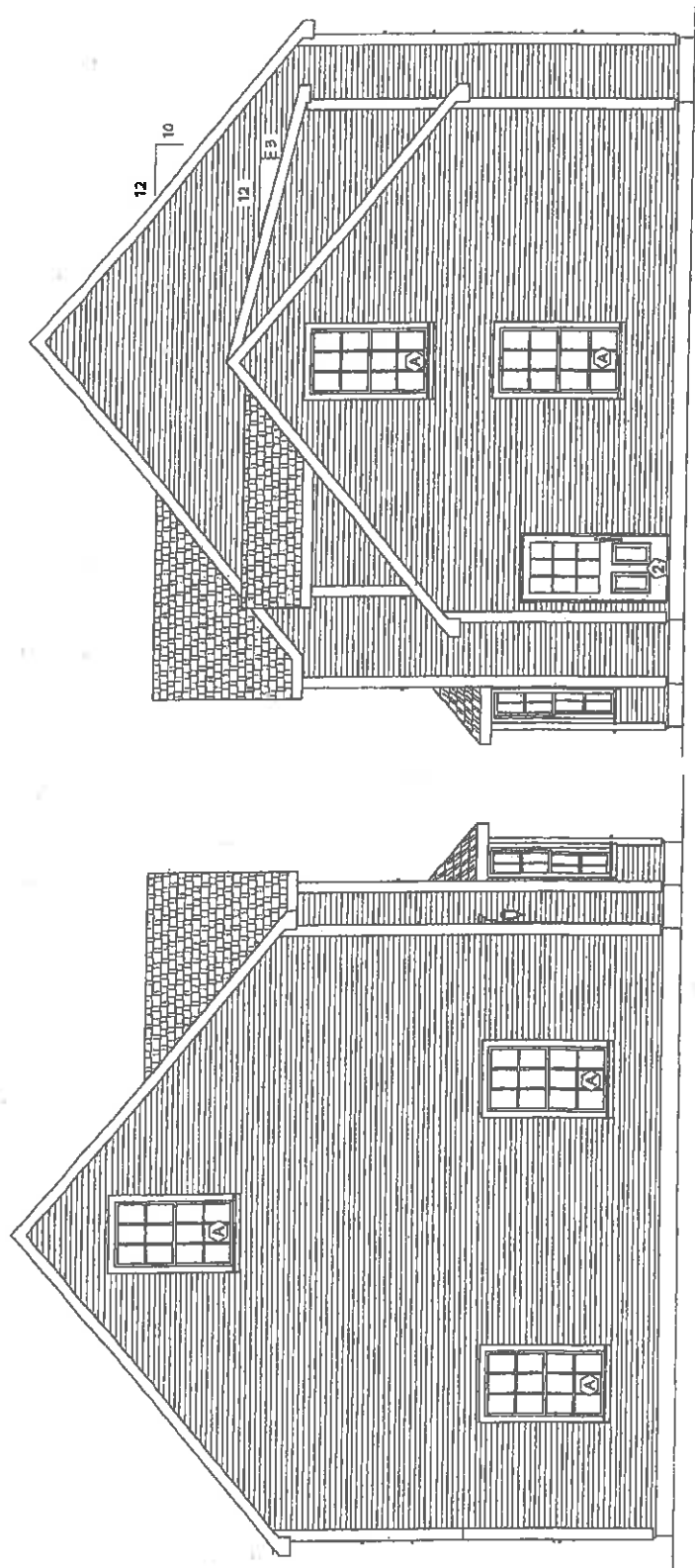
SCALE: 3/16" = 1'0"

DATE:	SITE:	HOMEOWNER:	BUILDER:
WOOD FRAME	CONST. TYPE:	USE GROUP:	R4

1B

COLONIAL
SIDE ELEVATION

PAGE:



RIGHT

LEFT

SCALE: 3/16" = 1'0"

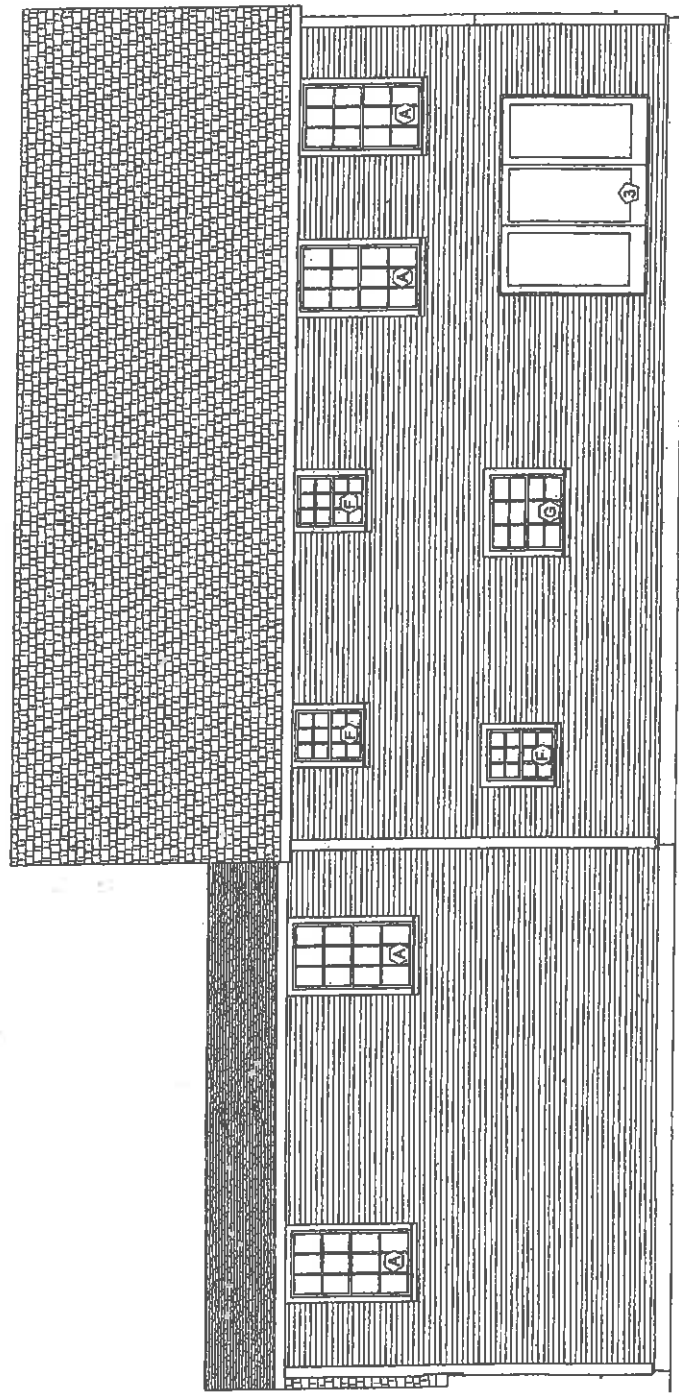
DATE:	1	HOMEOWNER:		WOOD FRAME	
SITE:	10	BUILDER:		CONST TYPE:	
				R4	
				USE GROUP:	

1c

REAR ELEVATION

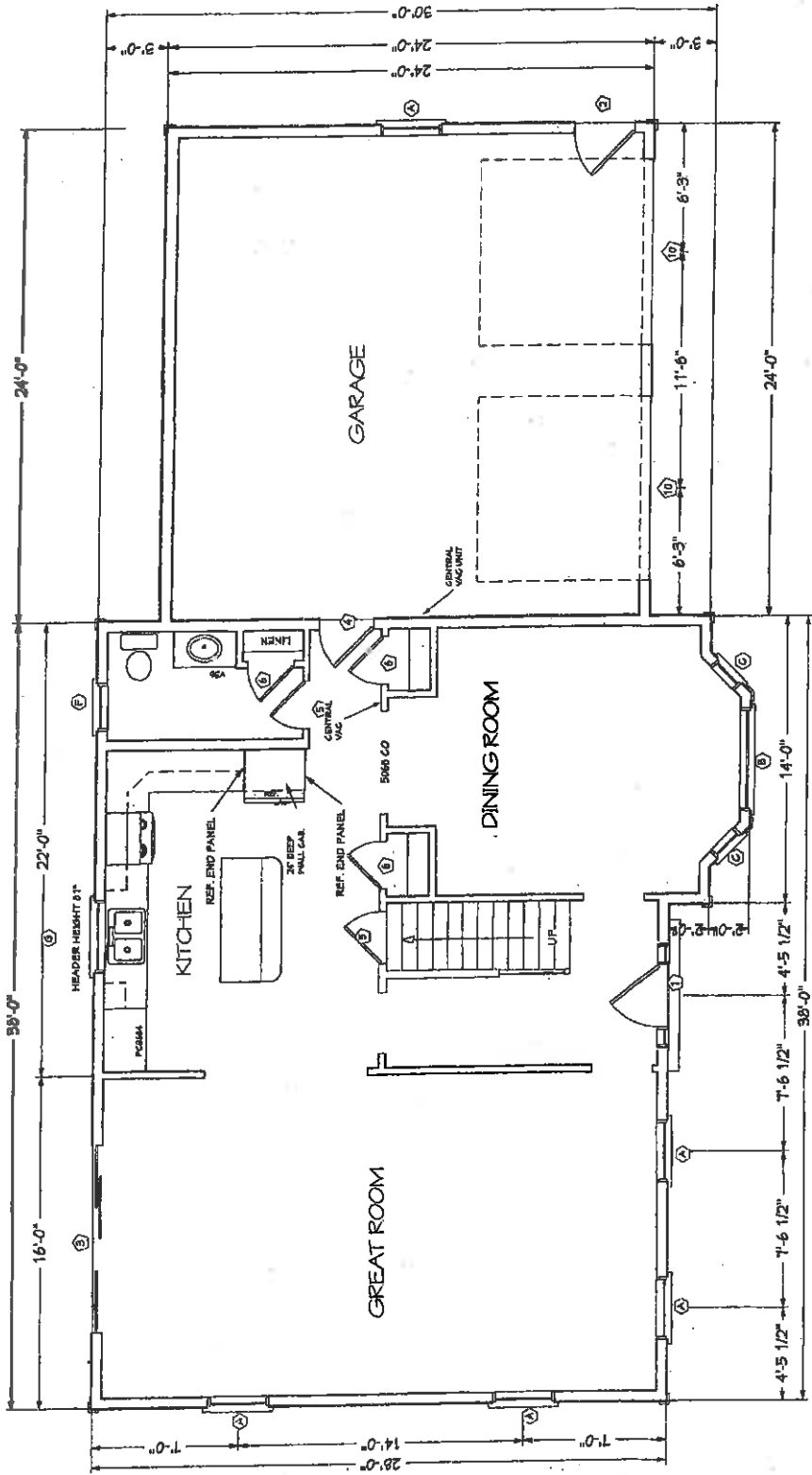
COLONIAL

PAGE:

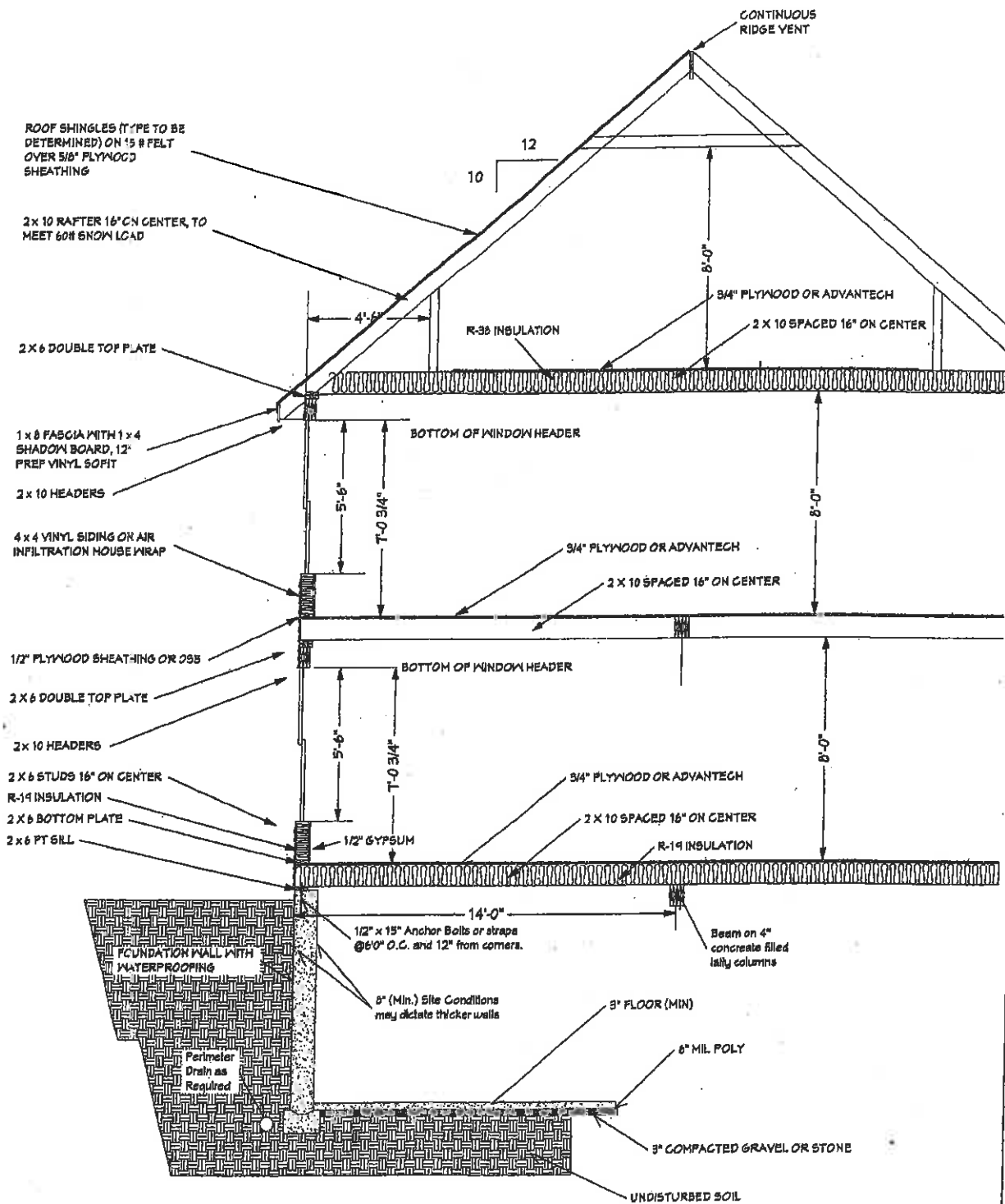


SCALE: 3/16" = 1'0"

DATE:	SITE:	HOMEOWNER:	WOOD FRAME	FIRST FLOOR	PAGE
			R4	COLONIAL	2A
		BUILDER:	USE GROUP:		



SCALE: 3/16" = 1'-0"



PAGE:

4

**COLONIAL
CROSS SECTION
AND SCHEDULES**

USE GROUP

R4

CONST. TYPE.

**WOOD
FRAME**

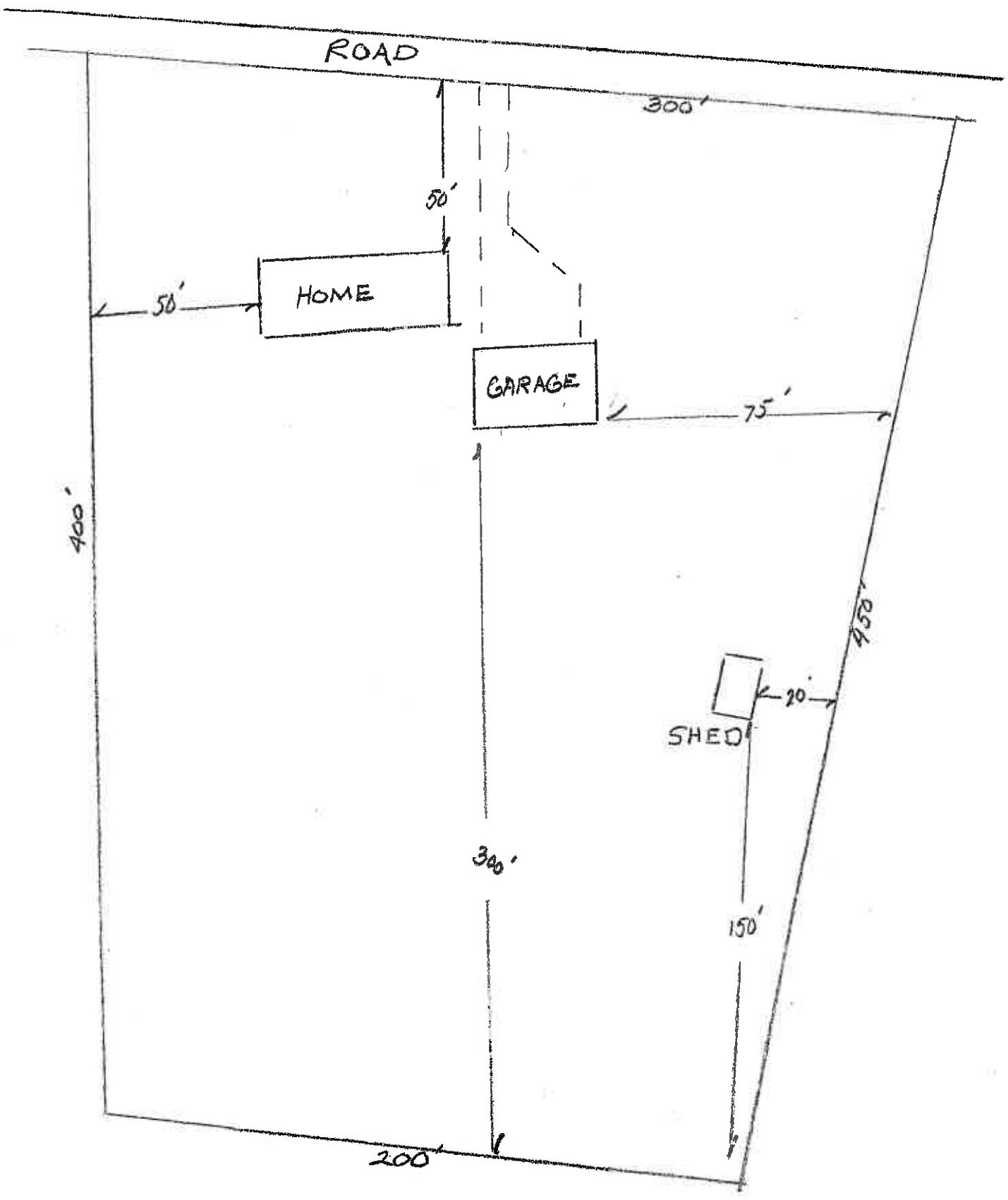
BUILDER:

HOMEOWNER:

SITE:

DATE:

PLOT PLAN (EXAMPLE)



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<
City, Town, or Plantation		The Subsurface Wastewater Disposal System <i>shall not</i> be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.
Street or Road		
Subdivision, Lot #		
OWNER/APPLICANT INFORMATION		
Name (last, first, MI) <input type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant		
Daytime Tel. #		Municipal Tax Map # _____ Lot # _____
OWNER OR APPLICANT STATEMENT I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.		CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
_____ Signature of Owner or Applicant Date		_____ Local Plumbing Inspector Signature (1st) date approved
_____ Signature of Owner or Applicant Date		_____ Local Plumbing Inspector Signature (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered Treatment System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY <input type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify)	TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
SHORELAND ZONING <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: _____ GAL.	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: _____ sq. ft. <input type="checkbox"/> ln. ft.	GARBAGE DISPOSAL UNIT <input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. Increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW _____ gallons per day BASED ON: <input type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN _____/_____/_____ at Observation Hole # _____ Depth _____" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium—2.6 sq. ft. / gpd <input type="checkbox"/> 3. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large—5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA
LATITUDE AND LONGITUDE at center of disposal area Lat. _____ d _____ m _____ s Lon. _____ d _____ m _____ s if g.p.s, state margin of error: _____			

SITE EVALUATOR STATEMENT

I certify that on _____ (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature	SE #	Date
Site Evaluator Name Printed	Telephone Number	E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = _____ FT.

FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) _____ Finished Grade Elevation _____
 Depth of Fill (Downslope) _____ Top of Distribution Pipe or Proprietary Device _____
 Bottom of Disposal Area _____ Location & Description: _____
 Reference Elevation: _____

DISPOSAL AREA CROSS SECTION

Scale
Horizontal 1" = ____ ft.
Vertical 1" = ____ ft.

Site Evaluator Signature SE # _____ Date _____