



CONSTRUCTION PERMIT APPLICATION

Department of Public Safety
Office of State Fire Marshal
45 Commerce Dr, Suite 1
Augusta, Maine 04333-0052

Project Information

Project Name: _____
Street Location: _____ Town: _____
County: _____ Zip Code: _____

Project Type:

New Building/Addition
Renovation
Occupancy Change

Building Occupancy Use Layout:

Single use
Separated Use
Mixed Use

Sprinkler System:

No Yes Supervised

Fire Alarm:

No Yes Monitored

Project Information:

Projected Start Date: _____
Projected End Date: _____
Total Project Cost: _____

Number of Stories:

Original # of Stories: _____
Affected # of Stories: _____
Total # of Stories: _____

Square Footage:

Renovated s.f. _____
New Construction s.f.: _____
Total s.f.: _____

Adjusted Project Cost* for Fee Calculation: _____ X 0.0015 = **Construction Permit Fee:**

**see attached fee schedule for more information*

Occupancy Classification:

Apartments Ambulatory Health Care Assembly ____<300 ____>300 <1000 ____>1000
 Business Detention/Correctional Educational Daycare ____>12 ____<12
 Health Care Hotel/Dormitory Industrial Residential Board & Care ____Large ____ Small
 Other Rooming & Lodging Storage Mercantile ____ Class A ____ Class B ____ Class C

Construction Type

Fire Resistive: Type I (442) (332) Unprotected Ordinary: Type III (200)
Protected Non-Combustible: Type II (222) (111) Heavy Timber: Type IV (2HH)
Unprotected Non-Combustible: Type II (000) Protected Wood Frame: Type V (111)
Protected Ordinary: Type III (211) Unprotected Wood Frame: Type V (000)

Brief description of work to be performed: _____

Contact Information

Owner's Name: _____ Phone: _____ Fax: _____

Mailing Address: _____

Town: _____ State: _____ Zip Code: _____ E-mail: _____

Design Professional: _____ Phone: _____ Fax: _____

Mailing Address: _____

Town: _____ State: _____ Zip Code: _____

Maine Registration #: _____ E-mail: _____

Signature of Applicant: _____

↓ DEPARTMENT OF PUBLIC SAFETY USE ONLY ↓			
<input type="checkbox"/> Permit		Approved By: _____	
Check #	Plan Reviewer	Date Permit Issued	Permit #