

Property Location_____

Date Filed____/____/____

Map_____

Lot_____

**OAKLAND LETTER OF INTENT
CHAPTER 4 REVISED ORDINANCES**

Property Owner Name: _____

Property Owners Mailing Address: _____

Telephone: Home: _____ Work: _____

Contractors Name: _____

Address: _____

Telephone: _____

CONSTRUCTION INFORMATION:

Current address of the property: _____

Proposed use _____

Current buildings & structures on the property: _____

Proposed building & structures: _____

PROJECT DESCRIPTION: _____

THE FOLLOWING MUST BE COMPLETED:

Total Project Cost (including labor) _____

Number of Stories: Present _____ Proposed _____

Number of Bedrooms: Present _____ Proposed _____

Height of Buildings: Present _____ ft. Proposed _____ ft.

Type of Sewage Disposal _____ Private _____ Public _____

Number of Bathrooms:

Present Septic System is approved for _____ Bedrooms

Present _____ Proposed _____

Type of Water Supply: Public _____ Private _____

____ Half ____ Full ____ Half ____ Full

Mobile Homes: Brand _____ Year _____ Width _____ Length _____

Expando Room (size) _____ Special Features _____

Located on Private Lot _____ Park Name & Lot # _____

ADDITIONAL PERMITS, APPROALS AND INSPECTIONS REQUIRED:

- | | | | |
|--|--|--|---|
| ☐ Plumbing | ☐ Septic/HHE200 | ☐ Septic Variance | ☐ Planning Board |
| ☐ Shoreland | ☐ Sewer Hookup | ☐ D.E.P. | ☐ E.P.A.. |
| ☐ Fire Marshall | ☐ Road Opening | ☐ Culvert | ☐ Board of Appeals |

PROPERTY INFORMATION

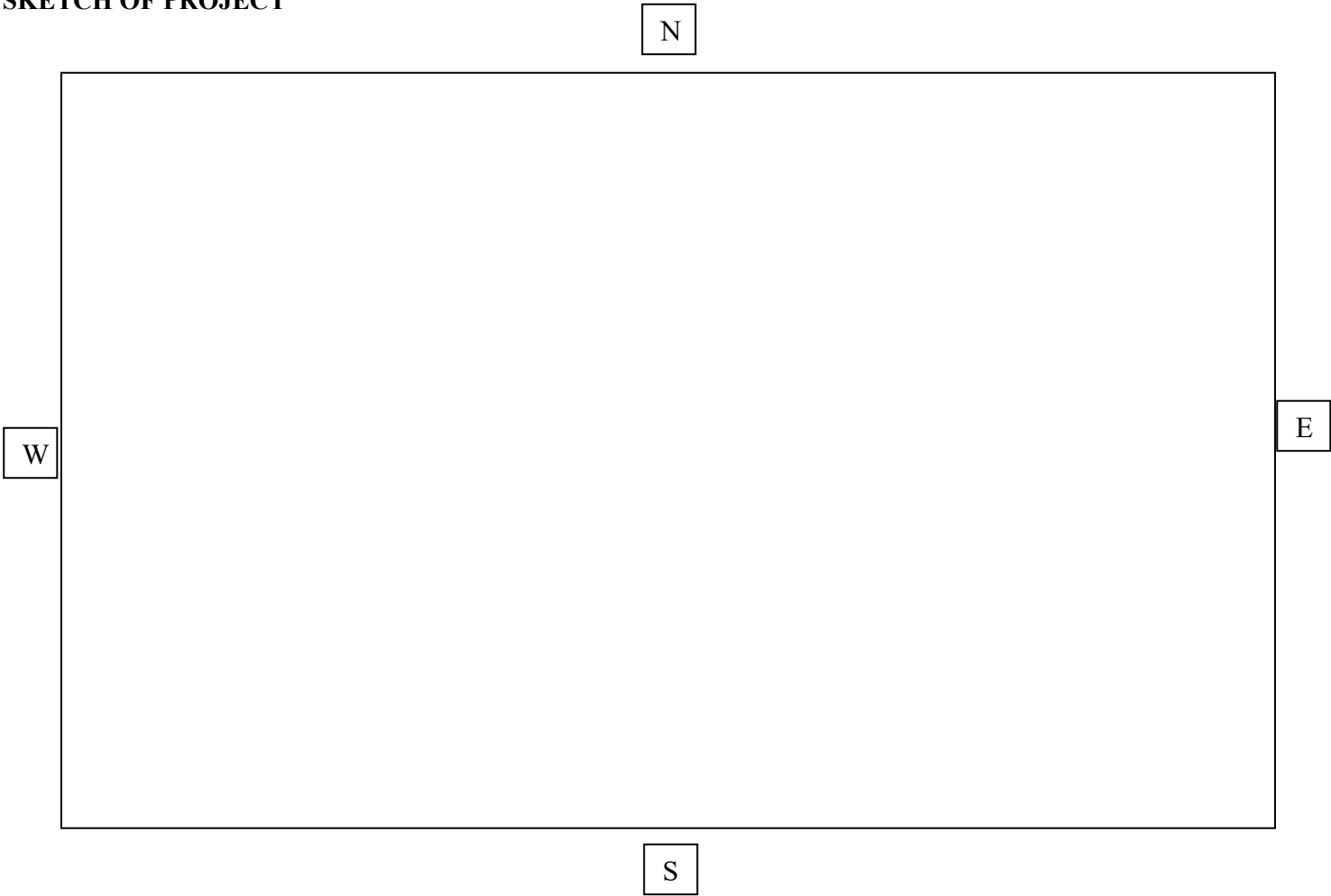
Frontage _____ ft. ☐ Nonconforming

Setbacks of proposed structure of work _____ front _____ side _____ rear ☐ Nonconforming

Lot size (in sq. ft. or acres) _____ ☐ Nonconforming

How many dwelling units are presently existing on the lot? _____

SKETCH OF PROJECT



Letter of intent does not include plumbing or septic work. Building permits are valid for one year. Any false information may invalidate a building permit and stop all work. Signing authorizes inspections necessary to issue permit and is in compliance with regulations.

Applicant

Date