



**TOWN OF GORHAM
CODE ENFORCEMENT OFFICE**

75 South Street, Suite 1
Gorham, Maine 04038
Phone: (207) 222-1605 • Fax: (207) 839-4793

PERMIT NUMBER:
FEE: \$30.00
Date:

APPLICATION: USE PERMIT

PROPERTY DESCRIPTION	Parcel ID	Map	Lot	Zoning District	Total Land Area	SQ FT
	PROPERTY ADDRESS					
PROPERTY OWNER'S INFORMATION	Name			Mailing Address If Different		
	Address Phone					
APPLICANT INFORMATION	Name			Mailing Address		
	Phone					

PROJECT DESCRIPTION	Proposed Business Name		Business Type	<input type="checkbox"/> Home Occupation <input type="checkbox"/> Commercial		
	Days Open	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday				
	This business operates:	<input type="checkbox"/> seasonally <input type="checkbox"/> year-round	Hours of Operation:	Weekends: Open from _____ to _____ Weekdays: Open from _____ to _____		
	Building Dimensions	HEIGHT:	WIDTH:	LENGTH:	AREA:	# OF STORIES:
		FT	FT	FT	SQ. FT.	
	Does The Proposed Use Involve	<input type="checkbox"/> Conversion <input type="checkbox"/> Addition Or Alteration <input type="checkbox"/> A New Structure <input type="checkbox"/> Other Construction IF YES, YOU MAY NEED TO SUBMIT A BUILDING PERMIT APPLICATION.				
	Describe The Existing Use:					
	Describe The Proposed Use:					
Describe Method of Waste Disposal:						
OCCUPANCY IS GIVEN ~ AFTER A FINAL WALK THROUGH IS COMPLETED BY CODE AND THE FIRE DEP.						
PLEASE CALL 222-1605 TO SCHEDULE AN INSPECTION FOR THE FINAL WALK THROUGH						

USING THE BACK OF THIS SHEET, SUBMIT A FLOOR PLAN THAT CLEARLY SHOWS THE AREA TO BE USED.

I certify that I have provided, to the best of my knowledge, the information requested for this application and will not deviate -from the plans submitted.

Applicant's/Owner's Signature:		Date:
---------------------------------------	--	--------------

THIS SECTION FOR OFFICE USE ONLY

ZONING:	SETBACKS	FRONT:	FT.	BACK:	FT.	SIDE:	FT.	REAR:	FT.	STREET FRONTAGE:	FT.
APPROVAL	PERMIT DENIED	<input type="checkbox"/>		SIGNED BELOW BY CODE ENFORCEMENT OFFICER						DATE:	
	PERMIT APPROVED	<input type="checkbox"/>									

FLOOR PLAN

