



BUILDING & USE PERMIT EXTENSION APPLICATION

TOWN OF CASTINE

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CEO Use Only

RECEIVED

By _____
Date _____

- APPLICANT**

NAME: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____ PHONE: _____
EMAIL: _____
CHECK (✓) AS APPROPRIATE: ☐ PROPERTY OWNER ☐ CONTRACTOR ☐ ARCHITECT/ENGINEER

- PROPERTY AND PROJECT INFORMATION**

9-1-1 STREET ADDRESS: _____
TAX MAP #: _____ LOT #: _____ ZONING DISTRICT: _____
ORIGINAL PERMIT NO.: _____ DATE ISSUED: _____
PROJECT DESCRIPTION: _____

- REASON FOR EXTENSION**

- CERTIFICATION AND ACKNOWLEDGEMENT**

I CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND UNDERSTAND THAT ANY FALSE INFORMATION WILL INVALIDATE THE PERMIT AND STOP ALL WORK. I FURTHER CERTIFY THAT IF I AM NOT THE OWNER OF RECORD, I AM AN AUTHORIZED AGENT OF THE OWNER. I UNDERSTAND THAT A PERMIT EXTENSION, IF APPROVED, IS A ONE-TIME EXTENSION AND DOES NOT AUTHORIZE ANY CHANGE TO THE PROJECT OR USE APPROVED BY THE ORIGINAL PERMIT.

SIGNATURE OF APPLICANT

DATE

FOR CODE ENFORCEMENT OFFICER USE

FEE \$ 25.00

DATE PAID: _____

APPLICATION IS ☐ COMPLETE ☐ INCOMPLETE

DATE COMPLETED: _____

EXTENSION IS: ☐ APPROVED AND PERMIT # _____ IS EXTENDED UNTIL _____
☐ DISAPPROVED

COMMENTS: _____

CODE ENFORCEMENT OFFICER

DATE