



# Construction Permit Fee Schedule

Department of Public Safety  
State Fire Marshal's Office  
52 State House Station  
Augusta, Maine 04333-0052

Tel: 207-626-3870  
Fax: 207-287-6251

Make Check Payable to: "Treasurer, State of Maine"

## New Construction

### Permit Fee

- \$.05/ square foot of occupied space
- \$.02/ square foot for bulk storage occupancies

Renovations exceeding 80% of occupied space are considered to be new construction.  
Public schools, (K-12), follow the renovation fee schedule below.

## Renovations

Permit Fee	Construction Cost
\$25.00 .....	For under .....\$10,000.00
\$50.00 .....	From .....\$10,000.00
	but less than .....\$20,000.00
\$75.00 .....	From .....\$20,000.00
	but less than .....\$50,000.00
\$100.00 .....	From .....\$50,000.00
	but less than .....\$100,000.00
\$150.00 .....	From .....\$100,000.00
	but less than .....\$500,000.00
\$200.00 .....	From .....\$500,000.00
	but less than .....\$1,500,000.00
\$250.00 .....	From .....\$1,500,000.00
	but less than .....\$2,250,000.00
\$350.00 .....	From .....\$2,250,000.00
	but less than .....\$3,000,000.00
\$450.00 .....	From .....\$3,000,000.00

### Title 25 Section §2450

\$50.00.....For a Plan Review to acquire only an **Approval Letter**.

(This may be obtained only when a permit is not required by the State.)

(8-23-04)

Tel: 207-626-3880  
Fax: 207-287-6251



# Application for Construction Permit

Department of Public Safety  
State Fire Marshal's Office  
45 Commerce Drive, Suite 1  
Augusta, Maine 04330-7889

### Project Information

Project Name: \_\_\_\_\_  
Street Location: \_\_\_\_\_ Town Location: \_\_\_\_\_  
County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Project

New Building   
Renovation   
Addition   
Occupancy Change

#### Sprinkler System

No Sprinkler System   
Sprinkler System   
Supervised Sprinkler System

#### Fire Alarm

No Fire Alarm   
Fire Alarm   
Monitored Fire Alarm

#### Number of Stories

Original # of Stories \_\_\_\_\_  
Affected # of Stories \_\_\_\_\_  
Total # of Stories \_\_\_\_\_

#### Square Footage

Renovated Square Footage \_\_\_\_\_  
New Construction Sq Footage \_\_\_\_\_  
Total Square Footage \_\_\_\_\_

#### Project Information

Projected Cost \_\_\_\_\_  
Projected Start Date \_\_\_\_\_  
Projected End Date \_\_\_\_\_

#### Building Use Layout

Single Use

Separated

Mixed

Disc Included:

Yes  No

### Occupancy Classification

Apartments   
Hotel / Motel/ Dormitory   
Rooming & Lodging   
Healthcare   
Ambulatory Health Care

Business   
Residential Care Large  Small   
Assembly >1000  >300<1000  <300   
Mercantile A  B  C

Educational   
Daycare   
Detention   
Industrial   
Storage

### Construction Type

Fire Resistive: Type I, (443)  (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)

### Addresses

**Owner's Name:** \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Design Professional:** \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Maine Registration Number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

Preliminary Approval:  Date: \_\_\_\_\_ Approved By: \_\_\_\_\_  
Construction Permit:  Date: \_\_\_\_\_ Approved By: \_\_\_\_\_  
Approval Letter:  Date: \_\_\_\_\_ Approved By: \_\_\_\_\_  
*-When a permit is not required*

DATE PLANS RECEIVED	REVIEW FEE	DATE FEE RECEIVED	CHECK #	PLAN REVIEWER	DATE PERMIT ISSUED	PERMIT #