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.

<table>
<thead>
<tr>
<th>Permit Fee</th>
<th>Construction Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25.00</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>$50.00</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>$75.00</td>
<td>$20,000.00</td>
</tr>
<tr>
<td>$100.00</td>
<td>$50,000.00</td>
</tr>
<tr>
<td>$150.00</td>
<td>$100,000.00</td>
</tr>
<tr>
<td>$200.00</td>
<td>$500,000.00</td>
</tr>
<tr>
<td>$250.00</td>
<td>$1,500,000.00</td>
</tr>
<tr>
<td>$350.00</td>
<td>$2,250,000.00</td>
</tr>
<tr>
<td>$450.00</td>
<td>$3,000,000.00</td>
</tr>
</tbody>
</table>

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.)
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: __________________________
County: ___________________________
Zip Code: __________________________

Sprinkler System
New Building: [ ]
Renovation: [ ]
Addition: [ ]
Occupancy Change: [ ]

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: [ ]
Separate: [ ]
Mixed: [ ]

Yes [ ] No [ ]

Occupancy Classification
Apartments [ ]
Hotel / Motel/ Dormitory [ ]
Rooming & Lodging [ ]
Healthcare [ ]
Ambulatory Health Care [ ]

Education [ ]
Business [ ]
Residential Care [ ]
Assembly [ ]
Merchandise [ ]

Daycare [ ]
Industrial [ ]
Detention [ ]
Large [ ]
Small [ ]

Storage [ ]

Construction Type
Fire Resistive: Type I, (443) [ ] (332) [ ]
Protected Non-Combustible: Type II (222) [ ] (111) [ ]
Unprotected Non-Combustible: Type II (000) [ ]
Protected Ordinary: Type III (211) [ ]

Unprotected Ordinary: Type III (200) [ ]
Heavy Timber: Type IV (2HH) [ ]
Protected Wood Frame: Type V (111) [ ]
Unprotected Wood Frame: Type V (000) [ ]

Addresses

Owner’s Name: __________________________
Mailing Address: __________________________
Town: __________________________ State: __________________________ Zip Code: ______

Telephone: __________________________ Fax: __________________________

Design Professional: __________________________
Mailing Address: __________________________
Town: __________________________ State: __________________________ Zip Code: ______

Telephone: __________________________ Fax: __________________________

Maine Registration Number: __________________________ E-mail: __________________________

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 #