**TOWN OF WELLS**

**Demolition Permit Application**

**PERMIT MUST BE PICKED UP WITHIN 90 DAYS FROM DATE THE PERMIT IS ISSUED OR IT WILL BE NULL AND VOID.**

*A STOP WORK ORDER WILL BE ISSUED AND A $500.00 FEE FOR RESIDENTIAL AND A $1000.00 FEE FOR COMMERCIAL PROJECTS ASSESSED IF ANY WORK STARTS BEFORE THE PERMIT IS PICKED UP.*

<table>
<thead>
<tr>
<th>Location/Address of Construction:</th>
</tr>
</thead>
<tbody>
<tr>
<td>owner name, address and telephone #:</td>
</tr>
<tr>
<td>applicant name, address and telephone #:</td>
</tr>
<tr>
<td>total square footage of proposed work:</td>
</tr>
<tr>
<td>cost of project:</td>
</tr>
<tr>
<td>public sewer?: Yes _____ No _____</td>
</tr>
<tr>
<td>public water?: Yes _____ No _____</td>
</tr>
<tr>
<td>is this part of a subdivision?: Yes _____ No _____</td>
</tr>
<tr>
<td>other dwelling units on lot?: Yes _____ No _____</td>
</tr>
</tbody>
</table>

**PERMIT IS FOR: (MAY CHECK MORE THAN ONE)**

| Single Family Dwelling ____ | Mobile Home ____ | Commercial Structure ____ | Other ____ |

**Project Description:**

**Contractor’s Name, Address & Telephone:**

**Owner or Contractor’s Email:**

**Whom should we contact when the permit is ready?:**

**Phone #:**

I hereby certify that I am the Owner of record of the named property, or that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Offices’ authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

**Owner Signature:**

**Date:**

**Applicant**

**Date:**

K:\CODEENF\Demolition Permit Apps. – Forms 2017
If all required information is not included with the application submitted, the permit may be denied at the discretion of the Code Enforcement Office. We may require additional information in order to approve this permit.

Cost of Permit: (to review the application (is required), (non-refundable))

- Residential: $35.00
- Commercial: $60.00

- Owners Signature is required, or a letter of Authorization from the owner allowing applicant to act or their behalf.

- Demolition Permits: taxes must be paid and documented from General Office.

- Debris materials & dust control: "Best Management Practices" shall be used, such as fencing & watering the site down.

- If Law Enforcement, Dig Safe, Sewer District, and Water District need to be coordinated with, it is the applicants responsibility.

- Asbestos Removal (if applicable): If you have any questions on asbestos, or state and federal asbestos regulations, please call the DEP’s Lead & Asbestos Hazard Prevention Program at (207) 287-2651.

- An up-to-date list of DEP-licensed asbestos contractors and consultants is available by calling (207) 287-2651 or on the internet at www.maine.gov.

Submitting an application for permit does not authorize the applicant to begin work until the issued Permit is validated by it being signed for by the applicant. Working without an issued/validated permit or beyond the scope of a permit can result in delays in projects, stop work orders, and violations of the Town of Wells Land Use Code, Chapter 145.

Demolition materials shall be disposed of in compliance with applicable laws and rules of the State of Maine and the Town of Wells. Debris materials shall be removed from the property within 30 days or covered and staked down and will not create any injury or damage to persons, adjoining properties or public rights of way.

We will contact you by phone when the permit is ready. You must come in, sign for and pick up the permit and review the requirements before starting any work.
CERTIFICATE OF TAXES ON STRUCTURE

Location of building: ___________________ Tax Map #: ____________

This is to certify that all the property taxes have been paid required, including taxes and assessments for the current year. Providing a signed and town-stamped copy of this form to the taxpayer is sufficient documentation that all obligations have been met. Municipal tax collectors should not sign this form until satisfied that all property taxes are paid. If necessary, first refer the taxpayer to the appropriate local officials for their signatures. A release is also required for intra-municipal moves.

Is the building being moved re-located within the Town limits of Wells? ______ if yes, where is the new building location in Wells? ________________________

Building value: $___________
Tax rate: ___% 
Building taxes: $___________

Amount due: $___________

Amount paid: $___________

Date: __________ Tax Collector: _________________________________
      (Typed or printed)

Tax Collector Signature: _________________________________

Seal
STATE OF MAINE
CERTIFICATE OF TAXES/SEWER FEES PAID ON MOBILE HOME
Title 29-A, Sections 462-4; 1002-9; 2382-10

Property tax, water/sewer release for the municipality of: ____________________________

This is to certify that all property taxes and water, drain and sewer assessments have been paid on the mobile home described below, including taxes and assessments for the current tax year. Providing a signed and town-stamped copy of this form to the taxpayer is sufficient documentation that all obligations have been met. Municipal tax collectors should not sign this form until satisfied that all property tax, water and sewer charges are paid. If necessary, first refer the taxpayer to the appropriate local officials for their signatures. A release also is required for intra-municipal moves.

Mobile Home Information

Make: _______________ Model: _______________ Year: ___________ Color: ___________

Serial #: __________________________ Dimensions: __________________________

Taxpayer: __________________________ Mover: __________________________

Moved from: __________________________ Moved to: __________________________

I certify that all applicable property taxes have been paid on the above mobile home including for the current tax year.

Town Stamp

Date: _______________ Tax collector: __________________________

(Typed or printed)

Tax Collector Signature: __________________________

_____________________________________________________

Water Fees

I certify that all applicable water fees and assessments have been paid on the above mobile home.

Date: _______________ Name and title: __________________________

(Typed or printed)

Signature: __________________________

_____________________________________________________

Sewer Fees

I certify that all applicable sewer fees and assessments have been paid on the above mobile home.

Date: _______________ Name and title: __________________________

(Typed or printed)

Signature: __________________________

_____________________________________________________

Return to: OVERlimit Permit Unit, 2B State House Station, Augusta, ME 04333-0029 or any Motor Vehicle Branch office. This certificate is necessary to obtain a permit/registration to move the mobile home. O/L Unit phone: (207) 624-9000 x 52134; fax (207) 622-5332.

MV-47 Rev. 02/07