Office Use Only
Date: _____Time: _____
Received By:

Town of Scarborough
Growth Permit Application

1. Name of owner of lot: _____

2. Address of owner:

   Street: _____ City: _____

   State: _____ Zip: _____

3. Lot Description:

   Subdivision Name: _____ Lot Number: _____ Tax Map: ____

4. Deed recording information:

   Month _____ Day _____ Year _____ Book _____ Page _____

5. Purpose: Single Family ☐ Duplex ☐ Multiplex ☐ Other: ☐

6. For an application to be complete, the following must be attached:

   a. Application fee of **$1,500.00**;
   b. A copy of owner's deed; and,
   c. Septic design (HHE-200 form, no more than two years old) or proof of sewer connection.

7. Applicant certification, signature and date:

   _____ _____
   Signature of Applicant Date

   _____
   Telephone Numbers (Please list contact numbers above)

Code Enforcement Officer Section:

8. Date approved as complete by Code Enforcement Officer (Ordinance Section 7.B.4)

   Date _____ Time_____ Code Enforcement Officer _____

9. Date of issuance of growth permit (Ordinance Section 7.C.1): (A growth permit which has not been replaced with a building permit within 180-days of the date of issuance of the growth permit shall expire.)

   Date _____ Time_____ Code Enforcement Officer _____

10. Final Action:

    Converted to Building Permit No. _____ on _____, 20___

    or

    Expired on _____, 20___.

    _____
    Code Enforcement Officer