

TOWN OF WINTHROP
Westernization Structure Permit Application

Fee Paid: _____ **Receipt #** _____ **Date Received** _____

File Number: _____ **Building Permit#** _____

Check one: New Construction _____ External Alterations _____ Accessory Structures _____
Converting from residential to commercial _____ Re-painting of building _____

Applications for Westernization approval shall be accompanied by the following information:

1. An accurately colored and scaled front elevation and a drawing of side and rear elevations of all proposed structures, alterations or remodeling;
2. Samples of all building materials, paints, and /or stain chips, exterior lighting, finishing materials windows and doors and roofing materials to be used;
3. Contemplated date of commencement and completion of such project;
4. To be a complete application, the applicant must have all application fees paid at the time the application is filed with the Town. All information required above, including signatures, must be complete and submitted at least seven days prior to consideration by the Westernization Architectural Committee.

Property/Business Owners

Business Name: _____

Property Owner Name: _____

Mailing Address: _____

Phone # & Email: _____

Applicant if different than owner:

Business Name: _____

Mailing Address: _____

Phone# & Email: _____

Contractor Name: _____

Mailing Address: _____

Phone# & Email: _____

Physical Address of the project: _____

Please describe your project: _____

Project Start date: _____ **& End date:** _____

Project Valuation: \$ _____

Building Materials Information

List of all materials to be used:

Roofing _____
Siding _____
Windows _____
Doors _____
Paints _____
Fixtures _____
Exterior Furnishings _____
Other _____

Please submit site plan and scaled drawing of front and side elevation of all proposed structures.

All outside lighting must be downcast lighting.

Please attach any other plans, specifications or information as required by the Ordinance or Guidelines.

A PICTURE OF THE COMPLETED PROJECT MUST BE SUBMITTED FOR FINAL REVIEW.

I hereby certify that I am the above applicant and hereby state that the forgoing information, and all information attached hereto, is true to the best of my knowledge.

Applicants Signature _____ Date _____

Property Owner Signature _____ Date _____
(If different from applicant)

Official Use Only

Zoning Administrators Signature: _____ Date: _____

Shoreline: _____

Flood plain: _____

Zoning: _____

Building Administrators Signature: _____ Date: _____

Building Permit Required: Yes _____ No _____

Business License Administrators Signature: _____ Date: _____

Business License Required for business: Yes _____ No _____

Business License Required for contractor: Yes _____ No _____

TO BE A COMPLETE APPLICATION YOU MUST PROVIDE ALL REQUIRED INFORMATION BELOW:

HERE IS A CHECK OFF LIST TO HELP YOU

- _____ **BUSINESS DISTRICT YOU ARE IN**
- _____ **APPLICATION FEES PAID**
- _____ **PLANNING DEPT SIGNED OFF**
- _____ **BUILDING DEPT SIGNED OFF**
- _____ **NAME, ADDRESS, PHONE (Business owner/manager or other person
legally responsible for the sign/building)**
- _____ **PROPERTIES PHYSICAL ADDRESS**
- _____ **DRAWING/SITE PLAN COMPLETE**
- _____ **MATERIALS LIST**
- _____ **PAINT CHIPS**
- _____ **ALL SIGNATURES**

IN ORDER TO PLACED ON THE NEXT AGENDA YOU MUST SUBMIT YOUR APPLICATION 7 DAYS BEFORE THE NEXT REGULAR MEETING DATE

PLEASE CALL WHEN YOUR PROJECT IS DONE FOR REQUIRED INSPECTIONS