



# Town of Windham

Department of Code Enforcement  
8 School Road  
Windham, ME 04062

Voice (207) 894-5960 Ext. 1  
Fax (207) 892-1916  
Email [permits@windhammaine.us](mailto:permits@windhammaine.us)

## Growth Permit Application

<i>For Office Use Only</i>	Date Received _____	Time Received _____
	Date Complete _____	Time Complete _____

Required for all new dwelling units, unless otherwise exempted under Section 116.F of the Town of Windham Growth Management Ordinance. The Growth Permit covered by this application will be issued only for the lot identified below. The application and/or resulting Growth Permit may not be transferred to another lot but may be transferred to another owner of the lot in accordance with Section 116.G.8.

**Dwelling Type (Check One):**     Single-Family     Two-Family     Multi-Family ( \_\_\_\_ units)

### Lot Information

<b>Property Address:</b>	
<b>Parcel ID#:</b>	
<b>Zoning District:</b>	
<b>Subdivision Name:</b>	
<b>Subdivision Approval Date:</b>	

### Property Owner Information

<b>Owner Name:</b>	
<b>Mailing Address:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Windham Resident Since:</b>	Month: _____ Year: _____

### Additional Submission Requirements

- \$50 Application Fee (credited towards building permit fee)
- Deed or other instrument establishing the applicant's ownership interest in the property
- Completed subsurface wastewater disposal system application (Form HHE-200) or Evidence that the lot will be served by public sewer
- Evidence of residency on a continuous basis immediately preceding application submission

*I certify all the information in this application form and accompanying materials is true and accurate to the best of my knowledge.*

\_\_\_\_\_  
**Property Owner Signature**

\_\_\_\_\_  
**Date**

A growth permit must be replaced by the building permit no later than 90 days after the date of issuance of the growth permit.