

PLEASE NOTE:

Applications must be submitted 15 days prior to the scheduled Planning Board meeting by NOON. Late submittals will be placed on the next month's agenda.

SHORELAND ZONING

TOWN OF FARMINGTON
Applicant's Shoreland Zoning Permit Check Off-List

This application must be completed and returned by noon on: _____

- 1. ___ Submitted a detailed description/narrative of the proposed project and its location.
- 2. ___ Submitted a detailed sketch or site plan of the proposed project.
- 3. ___ Answered all applicable questions, signed (applicant and property owner, if different) and dated the application.

Please note: All abutting property owners to this site must be notified by the Town of this proposal via Certificate of Mailing.

To avoid delaying review, it is required that the applicant or a representative of this project be in attendance at the Planning Board meeting to answer any questions that the Board or public may have.

Meetings are held at 7:00 P.M. at the Municipal Building at 153 Farmington Falls Road, Farmington, Maine 04938.

This application is scheduled for review on _____.

This is your only notice of this meeting date and no reminder will be sent.

Notice to Applicants

Under **NO** conditions may an applicant/agent/contractor begin a project requiring a Shoreland Zoning Permit until the Planning Board or CEO has met to consider the application and has approved the project.

Applications must be submitted to the Code Enforcement Office with sufficient lead time prior to anticipated start date. Applicant/contractor/seasonal or other time constraints, and/or last-minute applications, will not be a factor in the considerations by either the Code Enforcement Officer or Planning Board in making their decision.

Failure to meet the above requirements may result in a fine not to exceed \$2,500 or in permit denial.

I have read and understand the above notice.

Applicant Signature

Date

TOWN OF FARMINGTON
Shoreland Zoning Permit Application
(Please Type or Print)

Application Date: _____ Application Number: 03 – SZ - ____
(office use)

GENERAL INFORMATION:

1. If applicable, name of proposed development: _____

2. Description of project: _____

3. Name of property owner: _____

Address: _____

Phone: _____ Email: _____

4. Name of applicant: _____

Address: _____

Phone: _____ Email: _____

5. Name of contractor: _____

Address: _____

Phone: _____ Email: _____

4. Check the type of permit desired:

- Recreational Areas and Parks
 - Campgrounds
 - Road Construction
 - Forest Management Activities except for Timber Harvesting
 - Timber Harvesting
 - Clearing of Vegetation for approved Construction
 - Mineral Extraction including Sand, Loam, and Gravel Extraction
 - Agriculture
 - Aquaculture
 - Residential
 - Accessory Structure
 - Non-residential Facilities for Education, Scientific or Nature Interpretation Purposes
 - Commercial/Industrial
 - Public Utilities
 - Permanent Structures projecting into or across Water Bodies
 - Parking Facilities
 - Other: _____
- _____

5. Existing use of property: _____

6. Proposed use of property: _____

7. Estimated cost of construction: _____

SHORELAND AND PROPERTY INFORMATION:

8. Location of property: _____

Book: _____ Page: _____ (From Register of Deeds)

Map: _____ Lot: _____ (From Assessor's Office)

Zoning District: _____ (From Zoning Ordinance)

Overlay Zoning District: _____ (From Shoreland Zoning Ordinance)

9. Is this property within the Wellhead Protection Zone? ___ Yes ___ No

10. Name of body of water: _____

- 11. Size of property: (in acres or square feet) _____
- 12. State footage of property abutting water: _____
- 13. State frontage on road: _____
- 14. Description of property including a description of all proposed construction, e.g. land clearing, road building, septic systems, and wells:

- 15. Enclose an 11" x 17" plan of this project.
- 16. Square feet of lot to be covered by non-vegetated surfaces: _____
- 17. Elevation above 100 Year Flood: _____
- 18. Height of proposed structure: _____

Applicant is advised to consult with the Code Enforcement Officer and all appropriate State and federal agencies to determine whether additional permits, approvals, and reviews are required.

By signing below, I, the applicant for a Shoreland Zoning Permit, certify that all information given in this application is accurate and all proposed uses shall be in conformance with the Town of Farmington Shoreland Zoning Ordinance. I agree to future inspections by the Code Enforcement Officer at reasonable hours.

Applicant/Agent's Signature	Date
Property Owner's Signature (if different from above)	Date