



## TOWN OF FARMINGTON, MAINE ZONING BOARD APPLICATION

***To be filled in by Code/Planning Staff:***

Date Received: \_\_\_\_\_ Application # \_\_\_\_\_ ZB \_\_\_\_\_

Map # \_\_\_\_\_ Lot # \_\_\_\_\_ Zone: \_\_\_\_\_ Zoning TOU: \_\_\_\_\_

Overlay Zone(s): \_\_\_\_\_

### **APPLICANT INFORMATION**

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Location of Property:** \_\_\_\_\_

**Name of Property Owner** (if different from above): \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Authorized Agent** (if applicable): \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

If applicable, attach statement designating agent(s).

If applicable, attach an option to purchase the property or other documentation demonstrating right, title, or interest in the property on the part of the applicant.

**Please check the applicable issue for consideration:**

- ☐ **Changes to Zoning District Boundaries\*** (§ 11-8.9.A of the Zoning Ordinance) Request to be rezoned as: \_\_\_\_\_
- ☐ **Land use Dimensional Requirements** (§11-8.9.E of the Zoning Ordinance)
- ☐ **Alteration, Addition, or Deletion of Categories listed in the Table of Uses** (§11-8.9.D of the Zoning Ordinance)
- ☐ **Clarification of Categories listed in the Table of Uses** (§11-8.9.D of the Zoning Ordinance)

**List below the reason for proposing the zoning change. It is the applicant's responsibility to present sufficient admissible evidence to enable the Zoning Board to recommend change(s) sought.**

Submitted evidence shall include information concerning at least each of the following:

- Positive and negative impacts upon existing land uses which may result for the proposed change.
- Positive and negative impacts which the proposed change may have on the existing infrastructure and the municipality's ability to provide municipal services in the future.
- The impact that proposed change is likely to have upon the character of the existing zone. (Attach additional evidence to this form if necessary).

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\*If proposing a change in a zoning boundary, **please attach a list identifying the abutting property(ies) which might be rezoned, including the name(s) and last known address(es) of all property owner(s).**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Signature Sheet

This application will not be processed without ten (10) signatures of registered voters and/or landowners who are residents of the Town of Farmington who support this proposal.

State specific proposal\*:

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	Print Name	Address	Signature
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10.	<hr/>	<hr/>	<hr/>

\*This information ***must*** be provided.

## **General Requirements**

1. Applicants will be responsible for reimbursing the Code/Planning Office for postage costs and any newspaper ads prior to approval. All abutting property owners will be notified by the Code/Planning Office of the application proposal via Certified Mail.
2. All applications for Zoning Board Review shall be submitted on application forms provided by the Code/Planning Office. The required fees, ten (10) sets of the application form, and ten (10) sets of the required plans, maps and supplemental information, along with a thumb drive or emailed PDF, shall be submitted to the Code/Planning Office.
3. Maps, plans or other drawings must be of a scale sufficient to allow for review of the proposal under the performance standards of this Ordinance and other applicable ordinances. In no case shall the scale be more than one hundred (100) feet to the inch for that portion of the tract of land being proposed for the project.