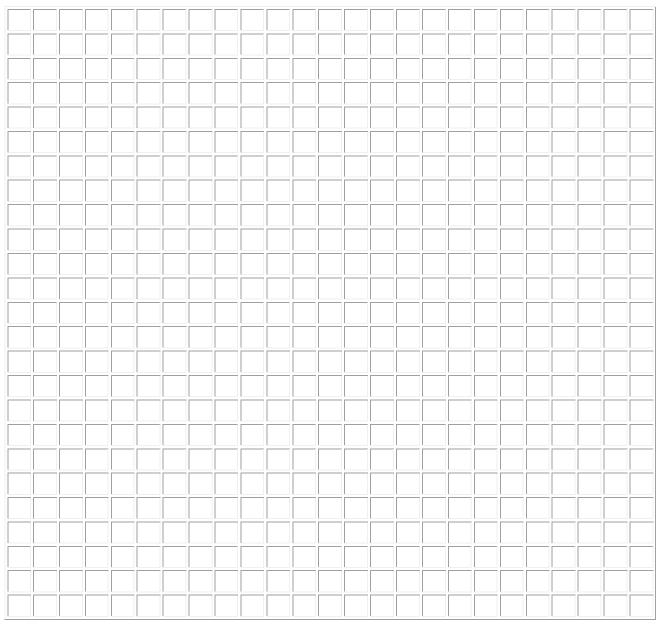
TOWN OF BUCKFIELD

GENERAL INFORMATION

1. Applicant	2. Applicant's Address	S	3. Applicant's Tel. #	
4. Property Owner	5. Owner's Address		6. Owner's Tel. #	
7. Contractor	8. Contractor's Addres	SS	9. Contractor's Tel. #	
10. Location/Address of	11. Tax Map/Page & I	Lot #	12. Zoning District	
13. DESCRIPTION OF PROPERTY INCLUDING A DESCRIPTION OF ALL PROPOSED CONSTRUCTION, E.G. LAND CLEARING, ROAD BUILDING, SEPTIC SYSTEMS, AND WELLS (PLEASE NOTE THAT A SITE PLAN SKETCH IS REQUIRED ON PAGE 3).				
14. Proposed Use of Project		15. Estimated Cost Of	Construction	

16. LOT AREA	17. FRONTAGE ON ROAD (FT.)
18. SO. FT. OF LOT TO BE COVERED BY NON-VEGETATED SURFACES.	19. ELEVATION ABOVE 100 YR. FLOOD
20. FRONTAGE ON WATERBODY (FT.)	21. HEIGHT OF PROPOSED STRUCTURE
22. EXISTING USE OF PROPERTY	23. PROPOSED USE OF PROPERTY
Note: Questions 24 & 25 apply only to expansion the required setback	ons of portions of existing structures which are less than
24. A) SQ. FT. OF PORTION OF STRUCTURE WHICH IS LESS THAN REQUIRED SETBACK AS OF 1/1/89:	25. A) CU. FT. OF PORTION OF STRUCTURE WHICH IS LESS THAN REQUIRED SETBACK AS OF 1/1/89:
B) SQ. FT. OF EXPANSIONS OF PORTION OF STRUCTURE WHICH IS LESS THAN REQUIRED SETBACK FROM 1/1/89 TO PRESENT:	B) CU. FT. OF EXPANSIONS OF PORTION OF STRUCTURE WHICH IS LESS THAN REQUIRED SETBACK FROM 1/1/89 TO PRESENT:
C) SQ. FT. OF PROPOSED EXPANSION OF PORTION OF STRUCTURE WHICH IS LESS THAN REQUIRED SETBACK:	C) CU. FT. OF PROPOSED EXPANSION OF PORTION OF STRUCTURE WHICH IS LESS THAN REQUIRED SETBACK:
D) % INCREASE OF SQ. FT. OF ACTUAL AND PROPOSED EXPANSIONS OF PORTION OF STRUCTURE WHICH IS LESS THAN REQUIRED SETBACK SINCE 1/1/89: (% INCREASE = (B + C)/A x 100)	D) % INCREASE OF CU. FT. OF ACTUAL AND PROPOSED EXPANSIONS OF PORTION OF STRUCTURE WHICH IS LESS THAN REQUIRED SETBACK SINCE 1/1/89: (% INCREASE = (B + C)/A x 100)

North



SCALE: _____FT.

FRONT OR REAR ELEVATION

SIDE ELEVATION

ADDITIONAL PERMITS, APPROVALS, AND/OR REVIEWS REQUIRED

CHECK IF REQUIRED:

____PLANNING BOARD REVIEW/APPROVAL (e.g. Subdivision, Site Plan Review)

BOARD OF APPEALS REVIEW/APPROVAL

____FLOOD HAZARD DEVELOPMENT PERMIT

____EXTERIOR PLUMBING PERMIT (Approved HHE 200 Application Form)

___INTERIOR PLUMBING PERMIT

____DEP PERMIT (Site Location, Natural Resources Protection Act)

____ARMY CORPS OF ENGINEERS PERMIT (e.g. Sec. 404 of Clean Waters Act)

___OTHERS

NOTE: APPLICANT IS ADVISED TO CONSULT WITH THE CODE ENFORCEMENT OFFICER AND APPROPRIATE STATE AND FEDERAL AGENCIES TO DETERMINE WHETHER ADDITIONAL PERMITS, APPROVALS, AND REVIEWS ARE REQUIRED

I CERTIFY THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS ACCURATE. ALL PROPOSED USES SHALL BE IN CONFORMANCE WITH THIS APPLICATION AND THE SHORELAND ZONING ORDINANCE. I AGREE TO FUTURE INSPECTIONS BY THE CODE ENFORCEMENT OFFICER AT REASONABLE HOURS.

APPLICANT'S SIGNATURE

DATE

AGENT'S SIGNATURE (if applicable)

DATE

APPROVAL OR DENIAL OF APPLICATION (For Office Use Only)

MAP# BLOCK# LOT#

THIS APPLICATION IS: ____APPROVED ___DENIED

IF DENIED, REASON FOR DENIAL:

IF APPROVED, THE FOLLOWING CONDITIONS ARE PRESCRIBED:

NOTE: IN APPROVING A SHORELAND ZONING PERMIT, THE PROPOSED USE SHALL COMPLY WITH THE PURPOSES AND REQUIREMENTS OF THE SHORELAND ZONING ORDINANCE FOR THE TOWN OR CITY OF BUCKFIELD.

CODE ENFORCEMENT OFFICER

DATE

INSPECTION CHECK LIST

- Prior to Clearing and Excavation
- Prior to Foundation Pour
- Prior to Final Landscaping
- Prior to Occupancy

PERMIT #_____

FEE AMOUNT_____

SHORELAND ZONING PERMIT CHECKLIST

NOTE: THIS CHECKLIST IS INTENDED TO ASSIST THE CEO IN TRACKING A SHORELAND ZONING PERMIT THROUGH THE REVIEW PROCESS

CHECKOFF FOR ALL STRUCTURES:

- __ COMPLETE SHORELAND ZONING PERMIT APPLICATION
- ___ PAY APPROPRIATE FEE
- __LOT AREA
- ____% OF LOT COVERED BY NON-VEGETATED SURFACES
- __ HEIGHT OF STRUCTURE
- __ SETBACK FROM HIGH WATER MARK
- ___ SETBACK FROM SIDE AND REAR LOT LINES
- ____ % INCREASE OF EXPANSIONS OF PORTION OF STRUCTURE WHICH IS LESS THAN REQUIRED SETBACK
- __ COPY OF INTERIOR AND EXTERIOR PLUMBING PERMITS
- __ COPY OF DEED
- __ ELEVATION OF LOWEST FLOOR TO 100-YEAR FLOOD ELEVATION
- ___ COPY OF ADDITIONAL PERMIT(S) AS REQUIRED (See Page 5 of Application Form)

CHECKOFF FOR FURTHER REVIEW:

- __COPY OF FILE TO BOARD OF APPEALS IF VARIANCE OR SPECIAL EXCEPTION IS REQUIRED
- __COPY OF FILE TO PLANNING BOARD IF PLANNING BOARD REVIEW IS REQUIRED

CHECKOFF FOR SITE VISITS BY CEO:

- __ PRIOR TO CLEARING AND EXCAVATION
- __PRIOR TO FOUNDATION POUR
- __PRIOR TO FINAL LANDSCAPING
- __PRIOR TO OCCUPANCY

SPECIAL PERMIT

NOTE: WHERE THE SHORELAND ZONING ORDINANCE REQUIRES A VARIANCE, A CONDITIONAL USE, OR SPECIAL EXCEPTION BY THE BOARD OF APPEALS OR THE PLANNING BOARD, THEN THIS SPECIAL PERMIT SHALL BE COMPLETED BY THE APPROPRIATE BOARD AND ATTACHED TO THE SHORELAND PERMIT APPLICATION.

PROPERTY OWNI	ER	SHORELAND DISTRICT		
ADDRESS OF PRO	PERTY			
FINDINGS OF FACT AND CONDITIONS OF APPROVAL				
BD. OF APPEALS PLANNING BOAR				
LAMMING DOAK	UU			
NOTE: The Findings of Fact and the Conditions of Approval should include the reasons why the special permit was granted and specific conditions which clearly define the scope of the use. In reviewing a request for a variance, Boards of Appeal shall apply the "Undue Hardship" criteria. In reviewing a request for a conditional use or a special exception, Planning Boards shall apply the standards of review provided in the local ordinance.				
APPROVED BY:				
-				
<i>NOTICE TO APPLI</i> I HAVE READ AN		IS OF THIS SPECIAL PERMIT.		
APPLICANT	DATE			