

Town of Livermore Falls
Planning Board Meeting
February 19, 2003
Livermore Falls Municipal Building

MEMBERS PRESENT: Guy Palmieri, Elecia Pillsbury, Veronica Pillsbury and Nancy McManemon.

OTHERS PRESENT: Larry Grant, CEO. Please see sign-in sheet for other participants.

At 6:02 p.m. Guy called the meeting to order.

The minutes for January 15, 2003 were not approved as there were not 4 members present from that meeting but Cora asked that her name be stricken from the list of "Others Present" as she was not.

Larry Violette (Copies Etc.) – site plan review for a copying center at 1 Depot St. Map 18 Lot 36 Mr. Violette confirmed that the apartment ^{down}stairs is rented and that the hairdresser business is still there. ~~Removed~~ and Nancy seconded to approve the application. Vote was unanimous. The CEO was asked to verify that the fee had been received.

Art Vigue (Pine Expression) – site plan review for building and selling unfinished furniture at 10 Depot St., Map 18 Lot 88. Mr. Vigue stated that there would be no painting or varnishing and that no books or other sales would be done there. Veronica moved and Nancy seconded to approve the application. Vote was unanimous.

Brian Allen (US Cellular) - not present. The site on Record Rd. on Map 11 Lot 28 has a tower with antennae and an equipment building. The Board will need to do at least a preapplication for another building and additional antennae at the site.

Greene's Auto - with regard to the lot across Park St. from the business, it was previously decided that Mr. Greene would have to show proof of ownership in order to display two unregistered vehicles for sale there.

Public Hearing for Grant for Consultant - for Downtown Merchants Association and downtown revitalization was discussed but no decision.

Other Business - Comprehensive Plan corrections and Habitat Maps from AVCOG were moved to next meeting though the maps were layed out and briefly viewed.

Meeting was adjourned at 7:31 PM

TOWN OF LIVERMORE FALLS
APPLICATION FOR SITE PLAN REVIEW

Project Name:

Dine ~~Ex~~pression

Applicant Information:

1. Name of Applicant:
Address:

Art Vigue
99 West Loop
Livermore Falls Me 04254

Telephone No. 897-9850 or 2121084

2. Name of Property Owner:
Address:

Norm Parady
10 Depot St

Telephone No. _____

Check - Movic's Construction

3. Name of applicant's authorized agent:
Address

Art Vigue
26 Newton Loop
E. Liv. 04258

Telephone No. _____

Note: The applicant shall provide a letter to the Planning Board granting the authority of the agent to act on behalf of the applicant.

4. Name of person and address to which all correspondence regarding this application should be sent to:

Art Vigue
99 West Loop
Livermore Falls Me, 04254

5. What legal interest does the applicant have in the property to be developed (ownership, option, purchase and sales contract, other)? (attach evidence of interest)

(Other) Rent building to Sell unfinished Furniture

6. Number of Employees? 0 Does the applicant Reside on the Property? Yes No

Nature of Project. Please describe the nature of the proposed project including total floor area, type of materials/products to be handled, hours of operation and other information to familiarize the Board with your application. (attach additional pages if necessary)

To build and Sell unfinished Furniture on site. Floor area
is 22 x 74. Materials are Pine boards, Plywood & glue.
Hours will be approximately 40-50 hrs. Weekly



Application for Construction Permit

Department of Public Safety
State Fire Marshal's Office
52 State House Station
Augusta, Maine 04333-0052
Tel: 207-624-8744 x 1
Fax: 207-624-8767

Project Information

Project Name: Pine Xpression
 Street Location: 10 Depot St Town Location: Livermore Falls
 County: Androscoggin
 New Building: Renovation: Addition: Occupancy Change:
 Sprinkler System: Yes No Sprinkler System Supervised: Yes No
 Date of Construction Start-up: Feb 2003 Estimated Project Cost: \$1,000
 Date of Construction Completion: March 2003 Construction Permit Fee: \$25.00
(Fee schedule is on back)

Occupancy Classification

Apartments <input type="checkbox"/>	Nursing Home <input type="checkbox"/>	Educational <input type="checkbox"/>
Hotel / Motel <input type="checkbox"/>	Industrial <input type="checkbox"/>	Daycare <input type="checkbox"/>
Rooming & Lodging <input type="checkbox"/>	Residential Care Level I <input type="checkbox"/>	Detention <input type="checkbox"/>
Congregate Housing <input type="checkbox"/>	Residential Care Level II <input type="checkbox"/>	Business <input type="checkbox"/>
Hospital <input type="checkbox"/>	Assembly Class ≥ 1000 <input type="checkbox"/> $>300 < 1000$ <input type="checkbox"/> ≤ 300 <input type="checkbox"/>	Other <input type="checkbox"/>
Limited Care <input type="checkbox"/>	Mercantile A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/>	

Construction Type

Fire Resistive: Type I (443), (332) <input type="checkbox"/>	Unprotected Ordinary: Type III (200) <input checked="" type="checkbox"/>
Protected Non-Combustible: Type II (222), (111) <input type="checkbox"/>	Heavy Timber: Type IV (2HH) <input type="checkbox"/>
Unprotected Non-Combustible: Type II (000) <input type="checkbox"/>	Protected Wood Frame: Type V (111) <input type="checkbox"/>
Protected Ordinary: Type III (211) <input type="checkbox"/>	Unprotected Wood Frame: Type V (000) <input type="checkbox"/>

Addresses

Owner's Name: Arthur Vigne Telephone: 897-9550 Fax: _____
Mailing Address: 99 West Loop
 Town: Livermore Falls State: Me Zip Code: 04754

Design Professional: _____ Telephone: _____ Fax: _____
 Maine Registration Number: _____ E-mail: _____
 Mailing Address: _____
 Town: _____ State: _____ Zip Code: _____

General Contractor: _____ Telephone: _____ Fax: _____
 Mailing Address: _____
 Town: _____ State: _____ Zip Code: _____

Signature of Applicant: Arthur Vigne

Preliminary Approval: <input type="checkbox"/>	Date: _____	Approved By: _____
Construction Permit: <input checked="" type="checkbox"/>	Date: <u>2/10/03</u>	Approved By: <u>[Signature]</u>
Approval Letter: <input type="checkbox"/>	Date: _____	Approved By: _____

-When a permit is not required

LOG #	DATE PLANS RECEIVED	REVIEW FEE	DATE FEE RECEIVED	CHECK #	PLAN REVIEWER	DATE PERMIT ISSUED	PERMIT #
	<u>2/10/03</u>	<u>25.00</u>	<u>2/10/03</u>	<u>#767</u>	<u>R.M</u>		