



# Town of Livermore Falls

Planning Board Meeting

## Agenda

Wednesday February 20, 2013

Municipal Building

6:30 PM

1. Roll call and determination of quorum
2. Consideration of previous meeting minutes and any new communications
  - A. Meeting January 16, 2012
3. New Business
  - A. Site Plan Review: Karen A. Haley - Mental Health Conseling (32 Main Street Office #1)
  - B. Reviw updated maps of Preliminary Village District Maps for ordinance updates
4. Old (unfinished) Business
  - A. Ordinance workshop (Fireworks & Property Maintenance)
5. Other Business
  - A. Any input/discussions welcome from Planning Board Members
  - B. Update on building permits issued
6. Public Participation
  - A. Any input/discussions welcome from the public
7. Adjournment

**TOWN OF LIVERMORE FALLS APPLICATION FOR SITE PLAN REVIEW**

Project Name: Mental Health Counseling

**Applicant Information:**

1. Name of Applicant: Karen A. Haley  
Address: 32 Main St. Office #1  
Livermore Falls, ME  
Telephone: (207) 491-3784

2. Name of Property Owner: TBW, LLC  
Address: PO Box 216  
South Freeport ME 04078  
Telephone: \_\_\_\_\_

3. Name of Applicant's Authorized Agent: Building Manager  
Scott Conlogue  
Address: \_\_\_\_\_  
Telephone: (207) 577-5905

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:

Karen A. Haley  
113 Smith Rd.  
Chesterville, ME 04938

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.

Rent

6. Number of employees? 1

7. Does the applicant reside on the property? \_\_\_\_\_ yes  no

8. 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)

Mental health and substance  
abuse counseling office. No construction  
required. Existing building - Bank  
Building.

### Land Information

9. Location of property

from Maps

from Registry

Map \_\_\_\_\_

Book —

Lot \_\_\_\_\_

Page —

10. Acreage of parcel NA

11. Acreage of developed area NA

12. Is any portion of the property within 250 feet of the high water mark of any pond, river, stream or wetland? \_\_\_\_\_ yes  no

13. Is any portion of the property within a special flood hazard area as defined by the Town of Livermore Falls Flood Hazard maps?

\_\_\_\_\_ yes  no

### Development Information

14. State below the anticipated impacts, including any public costs to serve the project, as proposed in the application, on the following municipal facilities and services. Attach additional pages if necessary.

Sewage Disposal	<u>NO IMPACT</u>	All Existing	Water Supply	<u>X</u>
Roads/Parking	<u>X</u>		Solid Waste	<u>X</u>
Storm Water/Drainage	<u>X</u>		Other	<u>X</u>

15. Gross floor area to be developed 100 sq ft (Office space)

16. Percentage of lot to be covered by structures and parking: N/A

17. Number of parking spaces: Street parking / Back parking lot

18. Describe how the landscape will be preserved and/or enhanced and how the proposed use will fit in with the neighboring area.

N/A

19. Describe the provisions for emergency vehicle access to the project.

Staying the same.

20. Describe the provisions to be made for drainage of the project site.

N/A

21. Describe the amount of water required for the project and how it will be obtained.

NO Increase from what already exists

22. Describe the proposed erosion and sedimentation control methods to be employed during construction and maintenance of the proposed project.

N/A

23. Describe the method of sewage disposal.

existing

**Additional Submissions**

Based on the nature of the proposed project the Planning Board may require a traffic engineering study and/or performance guarantee.

**The application must be accompanied with the following:**

1. A development plan drawn at scale of not less than 1 inch equals 100 feet indicating the nature of the project.
2. A location map to show the relationship of the proposed development to the surrounding area.

To the best of my knowledge all information submitted in this application is true and correct.

Karen A. Haley  
Signature of Applicant or Agent

12/1/12  
Date

NOTE: This application form provides the Planning Board with general information. Applicants are encouraged to review the Site Plan Review Ordinance Town of Livermore Falls for additional information.

PD 20.00  
2/20/2015  
-SB

NAME OF APPLICANT: Karen A. Haley

ADDRESS OF APPLICANT: 113 Smith Rd  
Chesterville, Me 04938

NAME OF OWNER: TBW, LLC

NAME OF PROPOSED DEVELOPMENT: Mental Health  
Counseling

PLANNING BOARD SIGNATURES

2/20/2013  
DATE

Bruce Adams  
Chairperson

Phon X Lyolet  
David J. Kelly

CONDITIONS

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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