



Town of Livermore Falls

Planning Board Meeting

Agenda

Monday September 26, 2011

Municipal Building

7:00 PM

1. Roll call and determination of quorum
2. Consideration of previous meeting minutes and any new communications
 - A. Meeting held on August 17, 2011
3. New Business
 - A. Site Plan Review Application for Selah Therapeutic Massage
 - B. Site Plan Review Application for Solely Therapeutic Massage
 - C. Site Plan Review Application for Sweet Serendipity Portrait Studio
4. Old (unfinished) Business
 - A. MUBEC discussion and direction/options for The Town of Livermore Falls
5. Other Business
 - A. Any input/discussions welcome from Planning Board Members
6. Public Participation
 - A. Any input/discussions welcome from the public
7. Adjournment

TOWN OF LIVERMORE FALLS APPLICATION FOR SITE PLAN REVIEW

Project Name: Solely Therapeutic Massage

Applicant Information:

1. Name of Applicant: Kathryn McLevick
Address: 17 Depot Street
Livermore Falls, Me.
Telephone: 330-1683

2. Name of Property Owner: Tom Roy
Address: 17 Depot Street
Livermore Falls, Me.
Telephone: 897-5978

3. Name of Applicant's Authorized Agent: _____
Address: _____
Telephone: _____

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:

Kathryn McLevick
190 East Jay Rd.
Jay, Me. 04239

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.

Room rental on ground floor of
Fitness Stylz Building.

6. Number of employees? 0

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)

Massage - floor area 15' x 16'
Materials - Soma massage cream
Monday - Wednesday - Friday 8am - 8pm
Saturday - 8am - 12pm

Land Information

9. Location of property

from Maps

Map _____

Lot _____

from Registry

Book _____

Page _____

10. Acreage of parcel _____

11. Acreage of developed area _____

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 _____

Water Supply _____

Roads/Parking _____

Solid Waste _____

Storm Water/Drainage _____

Other _____

15. Gross floor area to be developed _____

16. Percentage of lot to be covered by structures and parking: _____

17. Number of parking spaces: _____

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

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

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

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

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

23. Describe the method of sewage disposal.


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.
3. Abutter notification. Abutters include property owners across the street.

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


Signature of Applicant or Agent

8/29/11
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.

NAME OF APPLICANT:

ADDRESS OF APPLICANT:

NAME OF OWNER:

NAME OF PROPOSED DEVELOPMENT:

PLANNING BOARD SIGNATURES

9/26/2011
DATE



Chairperson



Bruce S. Davis



CONDITIONS

inspection by CEO

Solely Therapeutic Massage

17 Depot Street
Livermore Falls, ME 04254

September 8, 2011


James Butler
Code Enforcement Officer
Livermore Falls Town Office
2 Main Street
Livermore Falls, ME 04254

Dear James:

Per your request, enclosed are the copies of the certified mail receipts along with the return receipts, a copy of the list of abutters which I obtained from one of the clerks in the office and a copy of the notification which was sent to each abutter.

I will be anxiously awaiting word from you after your meeting on September 21st so I can proceed with my business plans. Please phone me at home 897-1153 or cell 320-1683.

Sincerely,



Kathryn McAninch, LMT

Enclosures

NOTICE TO ABUTTERS:

(YOU ARE BEING NOTIFIED AS AN ABUTTER BECAUSE YOUR PROPERTY NEIGHBORS THE APPLICANTS PROPERTY).

NAME OF APPLICANT: Keekup McOrick, LMT

THE APPLICANT REQUEST: Permission to conduct
massage therapy business on ground
floor of Fitness Stylz Building, 17 Depot St.,
Livermore Falls, Me.
The name of business is Solely Therapeutic
Massage

DATE OF PLANNING BOARD REVIEW: September 21, 2011

LOCATION: Livermore Falls Town Office, Livermore Falls, Maine.

TIME: 6:30 pm

DATE NOTICE WAS SENT IN THE MAIL: September 2, 2011

IF YOU ARE RENTING OR LEASING YOUR PROPERTY TO ANOTHER PERSON PLEASE NOTIFY YOUR TENANTS SO THAT THEY MAY ATTEND THE MEETING IF THEY HAVE CONCERNS.

Kathryn McAninch, LMT
17 Depot Street
Livermore Falls, ME 04254
320-1683
www.FitnessStylz.com



Swedish
Acupressure
Energy Healing

SOLELY Therapeutic MASSAGE

"A source of health and wellness"

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kenneth Jacques
24 High Street
Livermore Falls, ME
04254

2. Article Number

(Transfer from service label)

7010 1870 0001 2382 8042

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent
 Addressee

B. Received by (Printed Name)

Petrah Jacques 9-3-11

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

D & G Real Estate
1890 Lisbon Street
Lewiston, ME
04240

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James Ferrari
81 Depot Street
Livermore Falls, ME
04254

2. Article Number

(Transfer from service label)

7010 1870 0001 2382 8059

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent
 Addressee

B. Received by (Printed Name)

JAMES D. FERRARI 9/6/11

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
 - B. Received by (Printed Name) Addressee
 - C. Date of Delivery
 - D. Is delivery address different from item 1? Yes No
- If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Norman Paradis
1 Wagner Lane
Livermore Falls, ME
04254

2. Article Number

(Transfer from service label)

7010 1870 0001 2382 8035

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent
 Addressee

B. Received by (Printed Name)

Norman Paradis 9/3/11

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

- 3. Service Type
- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.