



# Town of Livermore Falls Planning Board Meeting Minutes October 19, 2011

**Members Present:** Bruce Adams, Mellette Pepin, Russ Flagg, Robin Beck, Fran Szostek  
Meeting called to order by Mellette Pepin at 6:35 P.M. Elecia Pillsbury present at 6:38 P.M.

**Consideration of minutes from September 26, 2011:** Russ Flagg mm to accept meeting minutes as written  
Bruce s. (5-0)

**New Business:**

- A. Site Plan Review Application for Magz Automotive: The board reviewed the application; Bruce asked question about if the upstairs was going to be renovated. He knew it had been gutted. CEO Butler was told that at the present time no, but plans in the future was to finish it and make it an office space for the proposed business. Robin asked if they had a plan for waste motor oil disposal at the facility. Applicant Anthony Manganella was present to explain that he would be getting rid of it as soon as enough accumulated. Russ mm to accept application as complete and to approve application as proposed. Bruce s. (6-0)

**Old Business:**

- A. Site Plan Review Application for Sweet Serendipity Portrait Studio: The board reviewed the application, found it to be complete. Russ mm. to accept application as complete and to approve application as proposed. Mellette s. (6-0)

**Other Business:**

- A. Town Manager Kristal Flagg was present at the meeting; she wanted to let the Planning Board know that they are to be kind and courteous to the public and people coming to meetings. She also wanted to make sure that everyone is being professional and asking questions which pertained to the proposed applications as written in town ordinances. Also wanted to thank all the members for being a part and let them know they are appreciated.

**Adjourn:** Mellette mm to adjourn the meeting at 6:56 PM. Russ s. (6-0)

TOWN OF LIVERMORE FALLS APPLICATION FOR SITE PLAN REVIEW

Project Name: Magz Automotive

Applicant Information:

1. Name of Applicant: Anthony Manganello  
Address: 57 Hillside Rd  
Brunswick ME 04001  
Telephone: 207-406-2077

2. Name of Property Owner: Anthony Manganello  
Address: 85 Park St.  
Livermore Falls, ME 04254  
Telephone: 207-406-2077

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 (if different from applicant):

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

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.

Ownership/shop owner  
\_\_\_\_\_  
\_\_\_\_\_

6. Number of employees? 1-2

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)

I will be opening an automotive repair business at the address listed. My two-bay garage is 1088 Sq feet. Waste disposal will be on site for oil and antifreeze. Magz Automotive will be open for business Monday-Friday 8am to 5pm and Saturdays 9am to 3pm. Services will include, auto repair, light truck repair, welding and metal fabrication, Maine State Inspection.

### Land Information

9. Location of property

from Maps

Map 015

Lot 20

from Registry

Book 3713

Page 49

10. Acreage of parcel .5

11. Acreage of developed area 100%

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 town

Water Supply town

Roads/Parking \_\_\_\_\_

Solid Waste \_\_\_\_\_

Storm Water/Drainage \_\_\_\_\_

Other \_\_\_\_\_

15. Gross floor area to be developed 1088 Sq ft.

16. Percentage of lot to be covered by structures and parking: 100%

17. Number of parking spaces: 80

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

A sweep of the land will be done to remove any debris accumulated over the past year since the building has been unoccupied. Fencing is planned for next spring (2012). Signs will be tasteful and non-illuminated

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

Driveway is wide and leads directly to building. Appropriate space will be available for emergency vehicle access at all times.

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

Storm water will be routed from roof to gutters.

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

Livermore Falls Water District will provide water. 12,000 cf quarterly

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.

Town Sewage  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

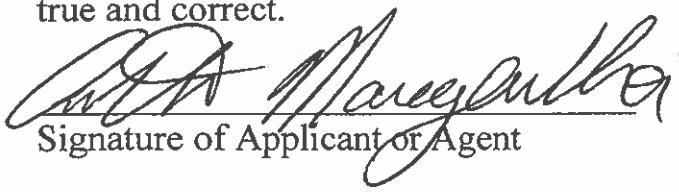
**Additional Submissions**

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

Oct 12, 2011  
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:

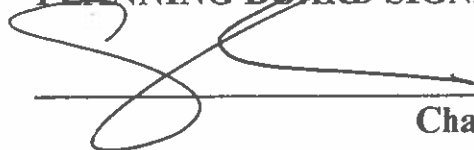
ADDRESS OF APPLICANT:

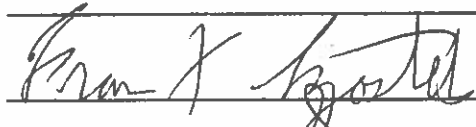
NAME OF OWNER:

NAME OF PROPOSED DEVELOPMENT:

PLANNING BOARD SIGNATURES

10/19/2011  
DATE

  
Chairperson









CONDITIONS

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

15 Yard F

200'

5 CARS PARKING

14'

Building

Door

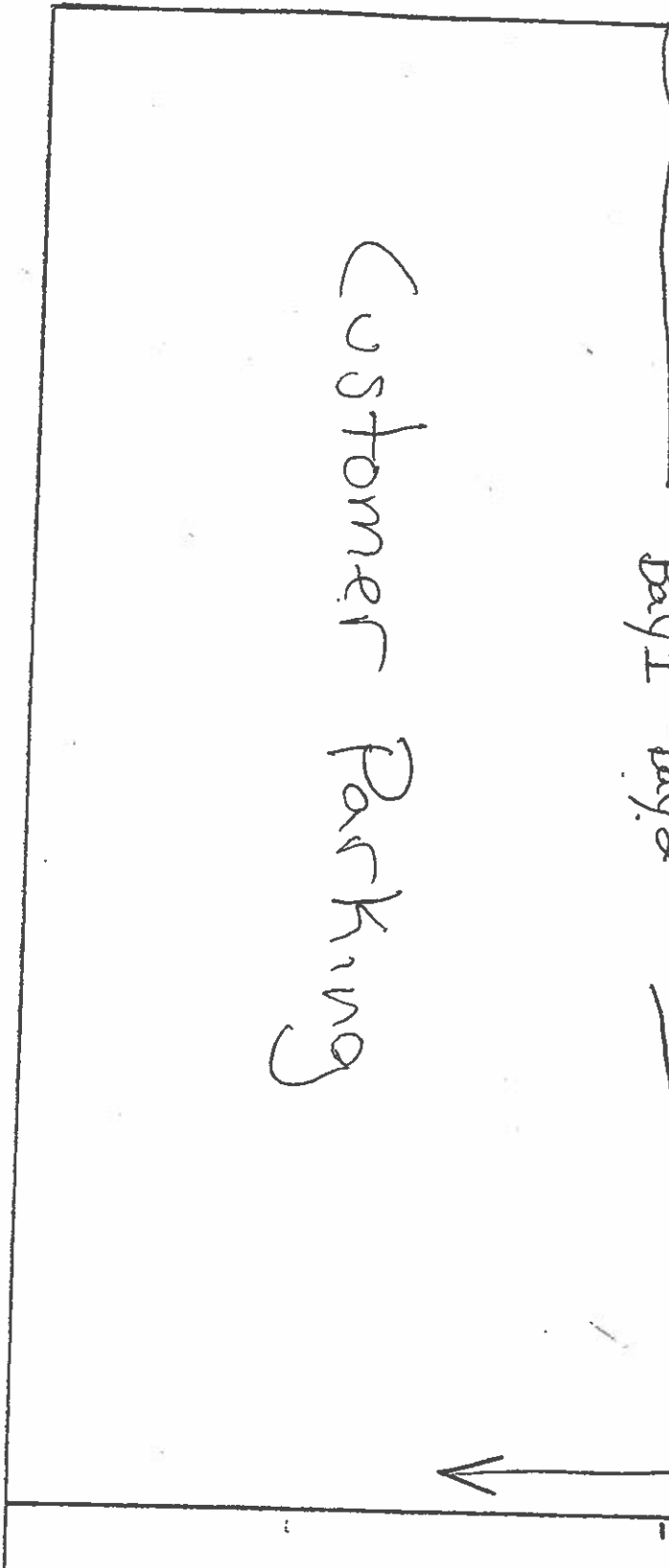
Bay 1 Bay 2

Driveway



150'

Customer Parking



TOWN OF LIVERMORE FALLS APPLICATION FOR SITE PLAN REVIEW

Project Name: Sweet Serendipity Portrait Studio

Applicant Information:

1. Name of Applicant: Pam Breton  
Address: 9 Knoll Circle  
Jay, ME 04239  
Telephone: 207-320-3354

2. Name of Property Owner: Rill Baillargeon  
Address: 374 Handscrabble Rd.  
W. Monmouth ME 0426  
Telephone: 2540638

3. Name of Applicant's Authorized Agent: N/A  
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:

Pam Breton  
9 Knoll Circle  
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.

None

6. Number of employees? 1



15. Gross floor area to be developed N/A

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

17. Number of parking spaces: N/A

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.

N/A

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.

Town water

NAME OF APPLICANT: Pam Breton

ADDRESS OF APPLICANT: 9 Knoll Circle  
Jay, ME 04239

NAME OF OWNER: Pam Breton

NAME OF PROPOSED DEVELOPMENT: P. Breton Phototrap

PLANNING BOARD SIGNATURES

10-19-2011  
DATE



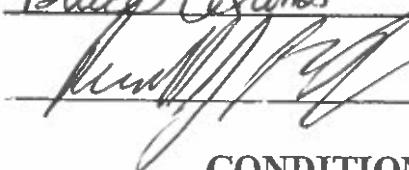
Chairperson

Pam X Agosto

Mellette Ryan

Pat Bal

Bruce Adams



CONDITIONS

CEO Inspection

## ***NOTICE TO ABUTTERS:***

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

***NAME OF APPLICANT:*** Pam Breton

***THE APPLICANT REQUEST:***

I am going before the planning board on 10/7/10. It is my intention to open a photography studio at 1 Depot Street. If you have no issues with a Photography Studio located adjacent to your business, you need do nothing otherwise you are advised of the date below for planning board review. Thank you, Pam

***DATE OF PLANNING BOARD REVIEW:*** 10/7/2010 6PM

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

***TIME:*** 6:00 P.M.

***DATE NOTICE WAS SENT IN THE MAIL:*** 9/3/2010

***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.***



Pam Breton  
DBA: P. Breton Photography  
9 Knoll Circle  
Jay, ME 04239

9/10/2010

Town of Livermore Falls  
Planning Board  
2 Main Street  
Livermore Falls, ME 04254

Re: Site Plan Review

Dear Members of the Board,

Pending your approval, it is my intention to open a portrait photography studio, located at 1 Depot St., In Livermore Falls, Maine

This Portrait Photography Studio uses strictly digital technology which does not require a chemical process. Clients will arrive at my business to be photographed and after that point viewing of proofs, ordering and any other contact with customers will be conducted via the internet. Total floor area is 600 square feet and expected customer traffic to and from my studio could be as few as ten customers to as many as twenty customers in a month's time. My hours of operation are by appointment only.

Respectfully,

Pam Breton

**TOWN OF LIVERMORE FALLS SEWER DEPT.  
2 MAIN STREET  
LIVERMORE FALLS, ME 04254  
207-897-2338 OFFICE  
207-897-2339 SEWER TREATMENT PLANT  
207-897-9397 FAX**

TO: Pam Brettun Photography

DATE: October 1, 2010

FROM: Susan Sapiel  
Sewer Clerk



In regards to your sewer inquiry at 1 Depot Street here in Livermore Falls. That building does have in-town public sewer hook-up and I foresee no problem with locating your business to that building.

If you need anything further please do not hesitate to contact me.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Noeman Paradis  1 Wagner Lane  Livermore Falls, ME  04254</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p>7007 2560 0000 8302 7980</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Wesley Bowen  P.O. Box 14  Livermore Falls, ME  04254</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p>7007 2560 0000 8302 7973</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	