



# Town of Livermore Falls

Planning Board Meeting

## Agenda

Wednesday November 28, 2012

Municipal Building

6:30 PM

1. Roll call and determination of quorum
2. Consideration of previous meeting minutes and any new communications
  - A. Meeting October 10, 2012
3. New Business
  - A. Sharon Neil, LCSW LADC : Outpatient Counseling Services
  - B. Chris Beaudoin, LCSW-Mental Health Conseling
4. Old (unfinished) Business
  - A. Fireworks Ordinance progress update
  - B. Property Maintenance Ordinance progress update
5. Other Business
  - A. Any input/discussions welcome from Planning Board Members
  - B. Notification that "Journey's End" received 2 Administrative Appeals to the Board of Appeals.
6. Public Participation
  - A. Any input/discussions welcome from the public
7. Adjournment

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

Project Name: Chris Beaudoin, LCSW - Mental Health Counseling

**Applicant Information:**

1. Name of Applicant: Chris Beaudoin  
Address: 32 Main St. Suite 6  
Livermore Falls, ME  
Telephone: 320-0632
  
2. Name of Property Owner: Tom Wright  
Address: Freeport, ME  
Telephone: 415-4500
  
3. Name of Applicant's Authorized Agent: None  
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:

Chris Beaudoin  
154 Gibbs Mill Rd.  
Livermore, 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.

None

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)

*Part-time mental health counseling office.  
Hours of operation are by appt. only.  
The space is approx. 8x12.*

**Land Information**

*N/A*

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**

*N/A*

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.

N/A

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

Back parking lot. The office is located on the 1st floor of the bank building. Emergency vehicle access readily available.

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.

N/A

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.

N/A

**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.

Ch. B. Bolin  
Signature of Applicant or Agent

11/9/12  
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.

**NAME OF APPLICANT:**

**ADDRESS OF APPLICANT:**

**NAME OF OWNER:**

**NAME OF PROPOSED DEVELOPMENT:**

**PLANNING BOARD SIGNATURES**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Chairperson**

\_\_\_\_\_  
**CONDITIONS**

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

Project Name: Sharon Neil, LCSW LADC : Outpatient Counseling Services.

**Applicant Information:**

1. Name of Applicant: Sharon Neil  
Address: PO Box 183  
Dryden, ME 04725  
Telephone: (207) 779-6521

2. Name of Property Owner: TBW, LLC  
Address: PO Box 216  
South Freeport, ME 04078  
Telephone: 577-5905

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:

Sharon Neil  
PO Box 183  
Dryden, ME 04725

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.

Rental space - one office space.

6. Number of employees? 1 (self)

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)

Providing outpatient mental Health And substance  
abuse counseling services.

Office space is Approx. 8 x 18 w/ no products to be  
handled.

Hours of operation typically 7:30 Am to 5 pm.

### Land Information

9. Location of property  
from Maps \_\_\_\_\_  
from Registry \_\_\_\_\_

Map \_\_\_\_\_ Lot \_\_\_\_\_  
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 \_\_\_\_\_  
Roads/Parking \_\_\_\_\_  
Storm Water/Drainage \_\_\_\_\_

Water Supply \_\_\_\_\_  
Solid Waste \_\_\_\_\_  
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.

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

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

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

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

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23. Describe the method of sewage disposal.

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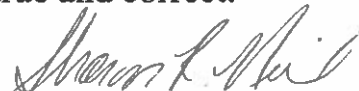
**Additional Submissions**

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

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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.

  
\_\_\_\_\_  
Signature of Applicant or Agent

11-1-12  
\_\_\_\_\_  
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.

**NAME OF APPLICANT:** Sharon R. Neil

**ADDRESS OF APPLICANT:** PO Box 183  
Dryden, ME 04225

**NAME OF OWNER:**

**NAME OF PROPOSED DEVELOPMENT:**

**PLANNING BOARD SIGNATURES**

**DATE**

\_\_\_\_\_  
**Chairperson**

**CONDITIONS**