2 Main Street, Livermore Falls, Maine 04254 207-897-3321

## **APPLICATION FOR SITE PLAN REVIEW**

App Date:		_ App Number:	Received By:		
(\$10 per 2000 sq ft) Project Name					
Addre	ess of Propos	ed Business or Pro	ject		
Appli	cant Informati	on			
1.	Name of Applic	cant:			
	Address:				
	Telephone:				
2.	Name of Prope	erty Owner:			
	Address:				
	Telephone:				
3.	Name of Applic	cant's Authorized Agen	t:		
	• •	shall provide a letter t of the applicant.	o the Planning Board g	ranting the authority of the	

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

Address:\_\_\_\_\_\_
\_\_\_\_\_
Telephone:

- 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
- 6. Number of Employees\_\_\_\_\_

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- 7. Will the Applicant reside on the property?\_\_\_\_YES \_\_\_\_NO
- 8. Nature of Project. 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)

Land	Information				
9.	Location of property				
	From Maps	Мар			
	From Registry	Book	Page		
10	. Acreage of Parcel				
11	. Acreage of developed area				
12	12. Is any portion of the property within 250 feet of the high-water mark of any pond, river, stream or wetland?YESNO				
13	B. Is any portion of the property within of Livermore Falls Flood Hazard m		hazard area as defined by the Town ESNO		
Deve	lopment Information				
14	<ol> <li>State below the anticipated imporprised imporprises of the apple service.</li> </ol>	•	and public costs to serve the following municipal facilities and		
Sewa	ge Disposal		Water Supply		
Road	s/Parking		Solid Waste		

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

Other

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LIVERMORE FALLS RESOURCES:							
	Richard Greenwald, Code Enforcement – Zoning, setbacks, signage, ADA, etc. – 897-3321			Waste Water/Sewer Mark Holt – 897-2339 Sewer hook-up fees			Public Works – New driveway, site distance, and road opening. Bill Nichols – 897-3321
	Water district. – Wellhead Protection, public water connection fees – 897-3445			Police – Ibrahim Haroon E-911 Address 897-3424			Fire Rescue – 897-6681
Other Resources:							
	DIG SAFE – 1-888-344-7233				DEP – 1-800-452-1942		
	State Electrical Inspector – 624-8603/624-8518				State Fire Marshal – 626-3870		
CMP (General Informatio		n) – 1-800-750-4000			Dept. of Health and Human Services – 287-3707 (INSP) 207-287-5671		
Town Clerk – 897-3321					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 the with neighboring area.

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.

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.

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#### 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.
- Abutter notification. Abutters include all property owners adjacent to, behind and across the street from proposed business location. <u>NOTE</u>: The Applicant must provide copies of the certified mail receipts with the Application to validate the date of the Abutter letters.

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

Signature of Applicant or Agent

Date

Printed Name of Applicant or Agent

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.

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NAME OF APPLICANT:	
ADDRESS OF APPLICANT:	
NAME OF PROPERTY OWNER:	
NAME OF PROPOSED DEVELOPMENT:	
PLANNING BOARD SIGNATURES	
Chairperson	Date
CONDITIONS	

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## **NOTICE TO ABUTTERS:**

# NAME OF APPLICANT:\_\_\_\_\_

THE APPLICANT REQUEST:\_\_\_\_\_

DATE OF PLANNING BOARD REVIEW:\_\_\_\_\_ LOCATION: Livermore Falls Town Office, Livermore Falls, Maine TIME:\_\_\_\_\_ DATE NOTICE WAS MAILED TO ABUTTER\_\_\_\_\_

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