

**APPLICATION FOR SITE PLAN REVIEW**

**App Date:** \_\_\_\_\_ **App Number:** \_\_\_\_\_ **Received By:** \_\_\_\_\_ **Fee Paid** \_\_\_\_\_  
(\$10 per 2000 sq ft)

**Project Name** \_\_\_\_\_

**Address of Proposed Business or Project** \_\_\_\_\_

**Applicant Information**

1. Name of Applicant:

\_\_\_\_\_

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

\_\_\_\_\_

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

2. Name of Property Owner: \_\_\_\_\_

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

\_\_\_\_\_

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

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 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 \_\_\_\_\_



**TOWN OF LIVERMORE FALLS**  
 2 Main Street, Livermore Falls, Maine 04254  
 207-897-3321

**APPLICATION FOR SITE PLAN REVIEW**

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

**APPLICATION FOR SITE PLAN REVIEW**

---

---

---

---

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.

---

---

---

---

## **APPLICATION FOR SITE PLAN REVIEW**

### **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 all property owners adjacent to, behind and across the street from proposed business location. **NOTE:** 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.

**APPLICATION FOR SITE PLAN REVIEW**

**NAME OF APPLICANT:** \_\_\_\_\_

**ADDRESS OF APPLICANT:** \_\_\_\_\_

\_\_\_\_\_

**NAME OF PROPERTY OWNER:** \_\_\_\_\_

**NAME OF PROPOSED DEVELOPMENT:** \_\_\_\_\_

**PLANNING BOARD SIGNATURES**

| _____<br><b>Chairperson</b> | _____<br><b>Date</b> |
|-----------------------------|----------------------|
| _____                       | _____                |
| _____                       | _____                |
| _____                       | _____                |
| _____                       | _____                |
| _____                       | _____                |

**CONDITIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOWN OF LIVERMORE FALLS**  
2 Main Street, Livermore Falls, Maine 04254  
207-897-3321

**APPLICATION FOR SITE PLAN REVIEW**

**NOTICE TO ABUTTERS:**

**NAME OF APPLICANT:** \_\_\_\_\_

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

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

**DATE OF PLANNING BOARD REVIEW:** \_\_\_\_\_

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

**TIME:** 6:00 PM

**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.