



Town of Bowdoinham

Planning Board Permit Application

PERMIT REQUESTED:

- Site Plan Review – Tier II
- Site Plan Review – Tier III
- Land Use
- Subdivision – Minor (Five or Fewer Lots)
- Subdivision – Major (Six or More Lots)
- Shoreland/Floodplain

APPLICANT INFORMATION:

Applicant's Name: Trista Adams Phone: 207-504-2232
 Applicant's Mailing Address: 314 Cathance Rd Topsham, ME Email: afc11c207@gmail.com
 Owner's Name: Adams Family construction LLC Phone: same as above
 Owner's Mailing Address: same as above Email: same as above
 Agent's Name: _____ Phone: _____
 Agent's Mailing Address: _____ Email: _____

PROPOSED ACTIVITY (Check all that apply):

- Multi-Family Dwelling Unit
- Subdivision
- Land Use Change
- Commercial Use
- Agricultural/Resource Use
- Industrial Use
- Automotive/Junkyard
- Marijuana

PROPOSAL INFORMATION:

Property Address: Fisher Rd Tax Map: R01 Lot: 5E Subdivision (Y/N): N
 Land Use District: Village District I Village District II Residential/Agricultural
 Size of Lot/Parcel: 16.1 Acres Road Frontage: 53 ft Driveway/Entrance (New/Existing): Existing
 Road Ownership: Town State New Private Existing Private
 Proposed Lot Coverage (%): Less than Proposed Building Height: TBD Proposed Number of Bedrooms: 1e
 Proposed Dimensions of Buildings/Use: TBD - 1e Bedroom Residence for elderly
 Proposed Signage Location/Dimensions: NONE
 Subdivision (New/Existing/None): None Existing Lots/Units: _____ Proposed Lots/Units: _____
 Water Supply: Existing Private Well New Private Well Public Water
 Subsurface Wastewater Disposal (New/Existing): NEW Tank Size: TBD Design Flow: 762 GPD
 Shoreland District: Resource Protection Limited Residential Limited Commercial General Dev. I
 General Dev. II Commercial Fisheries/Maritime Activities Stream protection
 Floodplain (Y/N): N Floodplain Zone (Zone A/Zone AE): _____ Proposed Elevation Above Floodplain Zone: _____
 Tax Program: No Tax Programs Agricultural Open Space Tree Growth
 Site Inventory and Analysis Required (Tier III or Subdivision Only, Y/N): N Select Board Licensing Required (Y/N): _____
 Code Enforcement Officer Permit(s) Required (Y/N): Y New E-911 Address Required (Y/N): Y

STATEMENT OF INTENDED USE:

To be used as a Residential Care Facility for the elderly.

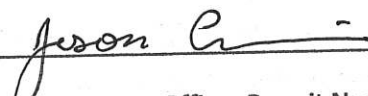
REQUIRED ATTACHMENTS:

The **Site Plan Review Submission Checklist** must be completed and submitted with this application. Please attach any required materials and documents as outlined by the checklist and Article 10 of the Land Use Ordinance. Submission requirements may be waived if that information is not required to determine compliance with applicable standards. All materials must be submitted at least twenty-one (21) days prior to the meeting at which they are to be considered. In all instances, the burden of proof shall be upon the applicant to present adequate information to indicate the statutory criteria for approval and that performance standards have been or will be met, per *Article 11.D.* of the Land Use Ordinance.

I certify that I have read and completely understand the application; I certify that the information contained in this application and its attachments are true and correct; I understand that all documentation provided on this form, and all other documents submitted as part of my proposal are a matter of public record; I understand that copies of this information may be supplied upon request to an interested party; I understand that additional funds may be required through the course of review for special studies, legal review costs, and/or engineering review; I understand that it is my responsibility to know and pay for any tax penalty that may result from said project; I understand that the information contained in this application is background information and some applications may require additional tests, maps, documentation or submissions as required by the Planning Board:

 Trista Adams 9-5-24
Applicant's Signature Print Name Date

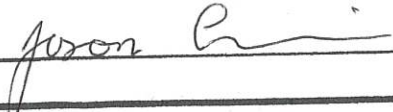
FOR OFFICE USE ONLY

Date Received: 9-5-24 Received By: 

HHE-200: _____ HHE-211: _____ Code Enforcement Officer Permit Number(s): _____

Date of First Planning Board Meeting: September 26, 2024 Date of Public Hearing: _____

Total Application Fee: \$1000.00 Escrow (Y/N): Y Date Paid: 9-5-24

Staff Signature:  Date Approved: 9-6-24

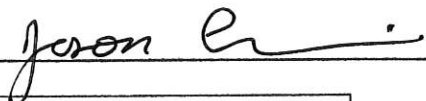
ESCROW ACCOUNT AUTHORIZATION:

Upon approval or denial, the applicant will be issued a bill for costs accrued by the Town during the review process. These fees may include the cost of public noticing, mailing, printing, legal consultation, and technical consultation. A Technical Review Fee may be collected and deposited into an escrow account for certain applications as required by the Land Use Ordinance. This fee is designed to exclusively cover the cost of legal and technical consultation. For more information on Technical Review Fees, please consult *Article 7.A.2.b.*, *Article 9.B.3.b.*, and/or *Article 10.B.3.b.* of the Land use Ordinance.

By signing below, you authorize the Town to deduct the cost of public noticing, mailing, and printing from the remaining balance of your escrow account. This is in addition to any legal and technical consultation costs that would normally be withdrawn from the account. An itemized bill will be issued to you before the funds are withdrawn, and any remaining portion of the account will be returned to you.


Trista Adams
9-5-24
 Applicant's Signature Print Name Date

FOR OFFICE USE ONLY

Date Received: 9-5-24 Staff Signature: 

Escrow Account Number: 01-1060-14

Item	Total
Escrow Amount Collected	\$500.00
Technical Review Fees	
Public Noticing Fees	
Mailing Fees	
Escrow Amount Returned	

