FOR OFFICE USE ONLY	Map:	Lot:	DATE APPROVED: _	
	•			



Town of Bowdoinham

Planning Board Permit Application

PERMIT REQUESTED:					
☐ Site Plan Review – Tier II ☐ Site Plan Review – T	ier III				
☐ Subdivision – Minor (<i>Five or Fewer Lots</i>) ☐ Subdivision – Major	(Six or More Lots) Shoreland/Floodplain				
APPLICANT INFORMATION:					
Applicant's Name:	Phone:				
Applicant's Mailing Address:	Email:				
Owner's Name:	Phone:				
Owner's Mailing Address:	Email:				
Agent's Name:	Phone:				
Agent's Mailing Address:	Email:				
PROPOSED ACTIVITY (Check all that apply):					
☐ Multi-Family Dwelling Unit ☐ Subdivision ☐ La	nd Use Change				
☐ Agricultural/Resource Use ☐ Industrial Use ☐ Au	utomotive/Junkyard				
PROPOSAL INFORMATION:					
Property Address:	Fax Map: Lot: Subdivision (Y/N):				
Land Use District:	Residential/Agricultural				
Size of Lot/Parcel: Road Frontage:	Driveway/Entrance (New/Existing):				
Road Ownership:	☐ New Private ☐ Existing Private				
Proposed Lot Coverage (%): Proposed Building Height:	Proposed Number of Bedrooms:				
Proposed Dimensions of Buildings/Use:					
Proposed Signage Location/Dimensions:					
Subdivision (New/Existing/None): Existing Lots/Units:	Proposed Lots/Units:				
Water Supply:	☐ Public Water				
Subsurface Wastewater Disposal (New/Existing): Tank Size: Design Flow:					
Shoreland District: Resource Protection Limited Residential	☐ Limited Commercial ☐ General Dev. I				
General Dev. II Commercia	al Fisheries/Maritime Activities				
Floodplain (Y/N): Floodplain Zone (Zone A/Zone AE): Pro	posed Elevation Above Floodplain Zone:				
Tax Program:	Open Space Tree Growth				
Site Inventory and Analysis Required (<i>Tier III or Subdivision Only, Y/N</i>): Select Board Licensing Required (<i>Y/N</i>):					
Code Enforcement Officer Permit(s) Required (Y/N): New E-911 A	ddress Required (Y/N):				

ot:	DATE APPROVED:		
the decidence			
•	itted with this application. Please attach any required		
	e Land Use Ordinance. Submission requirements may		
-	e with applicable standards. All materials must be		
_	ich they are to be considered. In all instances, the		
·	tion to indicate the statutory criteria for approval and		
et, per Article 11.D. or	the Land Use Ordinance.		
ıd the application; I cer	rtify that the information contained in this application		
	ation provided on this form, and all other documents		
public record; I unders	tand that copies of this information may be supplied		
nat additional funds ma	y be required through the course of review for specia		
view; I understand that	t it is my responsibility to know and pay for any ta		
erstand that the infor	mation contained in this application is background		
additional tests, maps,	, documentation or submissions as required by the		
Print Name	Date		
FOR OFFICE USE ONLY	- Y		
ived By:			
Code Enforceme	nt Officer Permit Number(s):		
Date of Public Hearing:			
Escrow (Y/N): _	Date Paid:		
Date Approved:			
	completed and submits and Article 10 of the determine compliance of the meeting at when the adequate informated, per Article 11.D. of the application; I certain that all documents and that all documents are additional funds material additional funds materstand that the informated that the informated ditional tests, maps, and the application of the print Name Print Name FOR OFFICE USE ONLY inved By: Code Enforcement.		

FOR OFFICE USE ONLY	Мар:	Lot:	Account:	DATE APPROVED:
SCROW ACCOUNT AUTHO	DIZATION:			
		will be issued a bill f	or costs accrued by th	ne Town during the review process. These fe
			•	technical consultation. A Technical Review F
	_		_	s required by the Land Use Ordinance. This f
•				r more information on Technical Review Fe
please consult Article 7.A.2.		•		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
By signing below, you auth	norize the To	own to deduct the	cost of public notici	ng, mailing, and printing from the remaini
palance of your escrow ac	count. This	is in addition to a	ny legal and technic	al consultation costs that would normally
vithdrawn from the accoun	t. An itemize	ed bill will be issued	to you before the fu	nds are withdrawn, and any remaining porti
of the account will be return	ned to you.			
Applicant's Signature	olicant's Signature Print Name		Date	
		FOR OF	FICE USE ONLY	
Date Received:		Staff Signatu	re:	
	Escrow	Account Number:		
		Item	Tota	al
	Escrow	Amount Collected		
	Technic	al Review Fees		
	Public N	loticing Fees		
	Mailing			

Escrow Amount Returned