

DATE RECEIVED _____ (for Planning Board use)

**TOWN OF BEDDINGTON
1978 STATE HIGHWAY 193
BEDDINGTON, ME 04622**

APPLICATION FOR LAND USE PERMIT

The undersigned applies for a permit for the following use, said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct.

1. **APPLICANT:** NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

2. **OWNER:** NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

3. **ADDRESS/ LOCATION OF PROPERTY:**

TAX MAP NUMBER _____ LOT NUMBER _____ (available on tax bill)

PHYSICAL (911) LOCATION _____

4. **PROPERTY ZONE DESCRIPTION** (available on town web site)

Lakeside Limited Res. District _____ Headwaters Limited Res. District _____

Rural Agricultural Res District _____ Public/Civic Services District _____

Resource Protection District _____ Stream Protection District _____

Conservation District _____

Contact the Town office if you do not know the zoning of your property.

5. **SUBDIVISION:**

Is property part of a Subdivision yes _____ no _____

Is property in tree growth yes _____ no _____

Is property in open space yes _____ no _____

6. PROPOSED USE(S)

- Permanent Residence
- Seasonal Residence
- Permanent Recreational
- Filling or other earth moving
 - Less than 10 cubic yds.
 - More than 10 cubic yds.
- Accessory Building/Shed
- Pier/Dock
- Clearing
- Other/ Explain _____

7. TYPE OF SEWAGE DISPOSAL:

- a. For buildings that will have residents or outhouses: Existing _____ Proposed _____
- b. For accessory structures with no plumbing: Not Applicable _____

8. PERCENTAGE OF LOT TO BE OCCUPIED BY ALL STRUCTURES _____%

9. STRUCTURE/ EXTERIOR DIMENTIONS:

Yes/No		Length (feet)	Width (feet)	Height (feet)
Residence - <input type="checkbox"/>	Number of stories _____	_____	X _____	_____
Garage----- <input type="checkbox"/>	Number of stories _____	_____	X _____	_____
Shed/Other- <input type="checkbox"/>	Number of stories _____	_____	X _____	_____

If "other" describe _____

10. PROPOSED FOUNDATION:

- Block
- Post
- Slab
- Frost Wall
- Full Foundation
- None

11. Contractor Certification:

Any excavation contractor that engages in an activity that causes the disturbance of more than one cubic yard of soil within the shoreland zone must ensure that a person certified in erosion and sedimentation control practices by the Department of Environmental Protection is on-site.

- a. Contractor name and address; _____
- b. Contractor Certification Number; _____

12. SITE PLAN : REQUIRED

Illustrate the following information about your lot and the proposed use of the lot on the attached graph paper / or by site plan prepared by surveyor, architect, or engineer. See sample attached.

Include the following:

- c. Lot **Dimensions** / area
- d. Names of **abutting property owners**, name and location of abutting rights of way, public and private roads, driveways, and abutting water bodies.

- e. Exact location of existing and proposed buildings and **closest distances of each to all lot lines, shorelines, roadways and driveways.**
- f. **Areas to be cleared**, if applicable.
- g. Areas of cut, fill, grading, or other earth-moving activity, if applicable.
- h. A **sketch of the building** showing **front and side views** to scale.

Attachments: If Applicable

- a. For a residence. Copy of approved waste disposal permit (gray-water, outhouses, composting/incinerating toilets do require permits).
- b. Copy of official decisions (or note pending applications of other Federal, or Local Agencies regarding the use of this property. (Site Location, permit, Minimum Lot Size Waiver, Subdivision Approval, Great Ponds Permit, Etc.).
- c. On a separate sheet, attach any supplemental information, or explain any points that need clarification.

To the best of my knowledge, all information submitted on this application is true and correct. All proposed uses will be in conformance with the application and the Shore Land Environmental Protection Ordinance for the Town of Beddington, Maine.

SIGNATURE _____ DATE _____
 (Owner)

NOTE: The application is subject to approval by the Town of Beddington Planning Board.

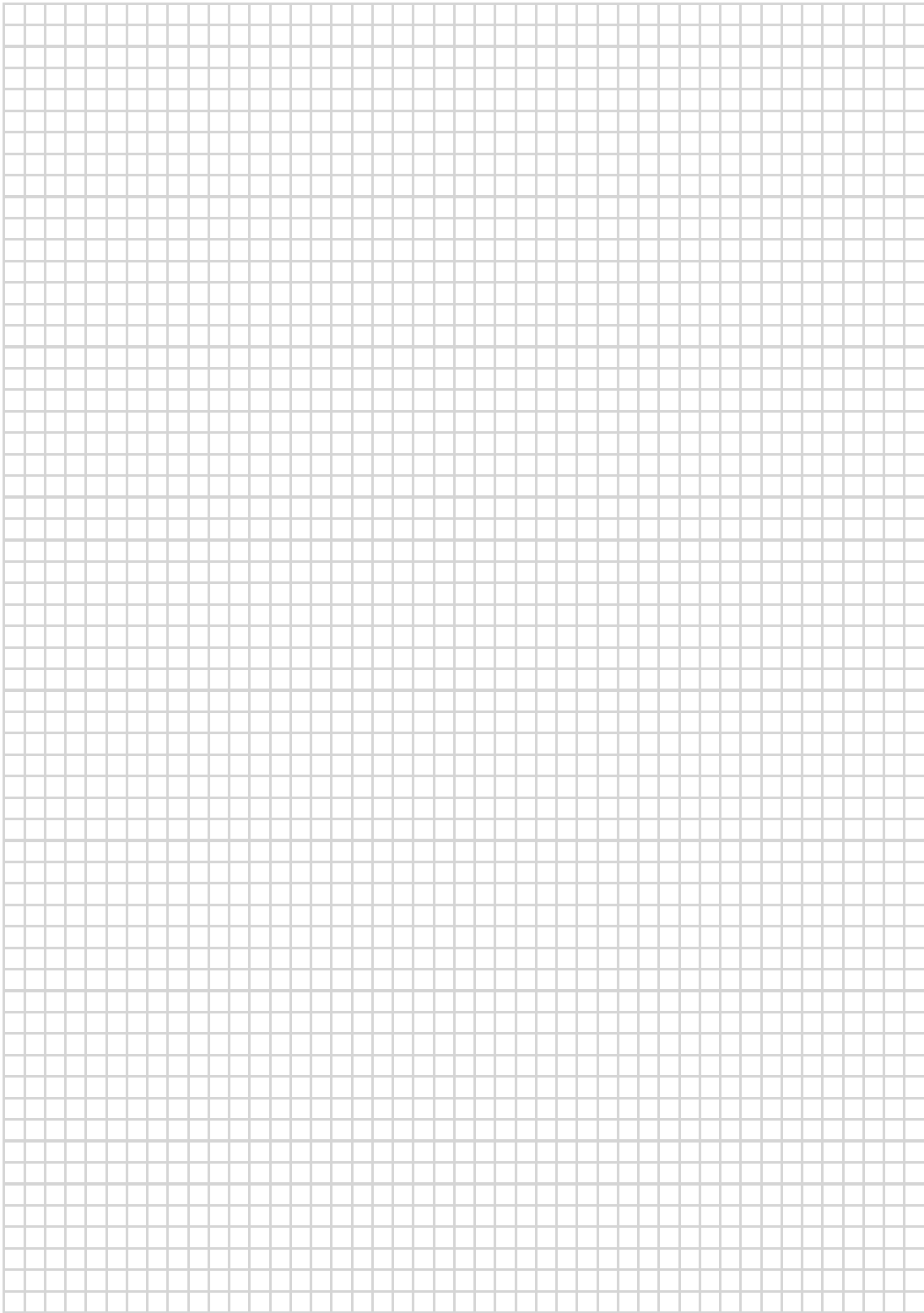
The applicant and/or Representative may be required to attend a regular meeting of the Beddington Planning Board to answer unforeseeable questions relative to this application.

All Sub-Divisions Applicants need to attend a regular meeting of the Beddington Planning Board.

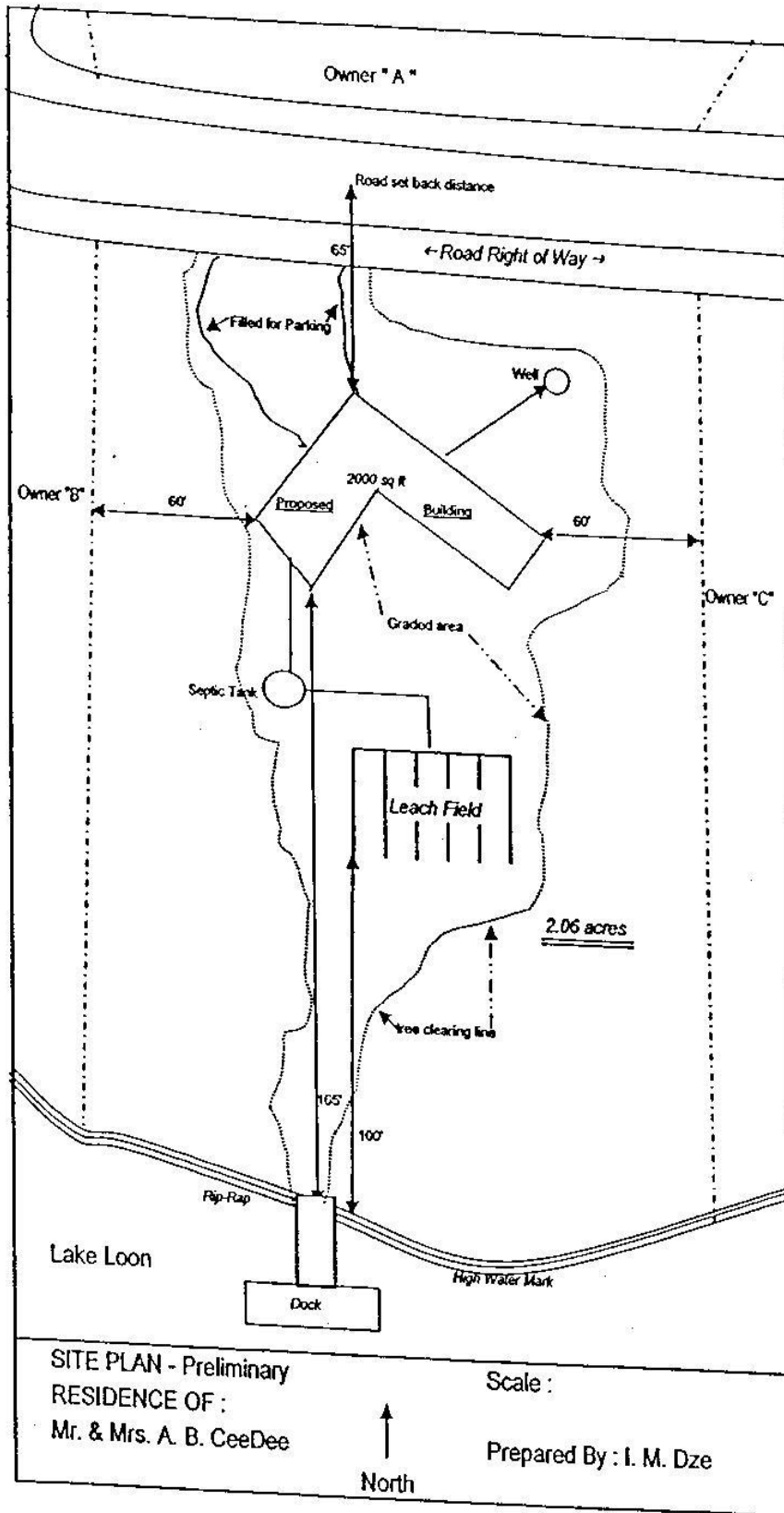
Permit fees are in US dollars and must be paid in US funds.

FEE PAID _____

NOTES _____



Sample Site Plan



Sample sketch of front and side view.

