

TOWN OF ISLESBORO
P.O Box 76
ISLESBORO, ME 04848
207-734-2253 P
207-734-8394 F



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|----------------------------|
| FOR OFFICE USE ONLY |
| Application/Permit No. |
| Fee Amount \$ |
| Date Received: |
| Permit Issue Date: |

LAND USE APPLICATION

Please answer all questions, type or print legibly

| | | | | | |
|--|--|---|--|--|--|
| 1. Applicant's Name: | | 2. Applicant's Address: | | 3. Phone: | |
| 4. Property Owner: | | 5. Owner's Address: | | 6. Phone: | |
| 7. Contractor's Name: | | 8. Contractor's Address: | | 9. Phone: | |
| 10. Location of Property: | | 11. Map: | 12. Lot: | 13. DISTRICT: <i>check all applicable</i> <input type="checkbox"/> Shoreland <input type="checkbox"/> Rural <input type="checkbox"/> Town Centers <input type="checkbox"/> Maritime <input type="checkbox"/> Limited Development <input type="checkbox"/> Resource Prot. <input type="checkbox"/> Meadow Pond | |
| 13a. Description of Project: Include description of all proposed construction. Include land clearing, road building, subsurface sewage disposal systems, wells, etc. PLEASE note that a sketch plan is required on Page 3 of this application. If proposed project is a NEW RESIDENCE or an ADDITION to an existing residence that involved addition of bedrooms, specify number of bedrooms existing and to be added or constructed and ATTACH copy of subsurface sewage disposal plan. | | | | | |
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| 13b. Present Number of Bedrooms: | | 13c. Number of Bedrooms to be Added or Constructed: | | | |
| 14. Proposed Use of Project or Property: | | | | 15. Est. Construction Cost: \$ | |
| 16. Existing Use of Property: | | | | 17. Lot Area (Sq. Ft.) | |
| 18. Road Frontage (Ft): | | 19. Shore Frontage (Ft): | | 20. 100 Year Flood Elevation: | |
| 21. Sq. Ft. of Lot to be Covered by Non-Vegetated Surface: | | | | 22. Height of Proposed Structure: | |
| 23. Sq. Footage of Proposed Living Area: | | | 24. Sq. Footage of Other Proposed Areas: | | |
| | | | | | |

ADDITIONAL PERMITS, APPROVALS AND/OR REVIEWS REQUIRED

- Code Enforcement Officer Review or Approval
- Planning Board Review/Approval
- Flood Hazard Development Permit
- Exterior Plumbing Permit (Approved HHB 200 Application Form)
- Interior Plumbing Permit
- Electrical Permit
- Fire Marshall Permit (626-3870)
- D.E.P. Permit (Site Location, Permit by Rule, Natural Resources Protection Act) 287-7688
- Army Corps of Engineers Permit (e.g. Sec. 404 of Clean Waters Act) 623-8367
- Cemetery Site
- Maine Dept. of Inland Fisheries & Wildlife (Essential Habitats)
- _____
- _____

Applicant is advised to consult with Codes Enforcement Officer and the appropriate State and Federal agencies to determine if additional permits, approvals and reviews are required.

I certify that all information given in this application is accurate. All proposed uses shall be in conformance with this application and the Town of Islesboro Land Use Ordinance. I agree to future inspections by the Codes Enforcement Officer at reasonable hours.

Applicant's Signature

Date

Agent's Signature (if applicable)

Date

FORM 2NC

Please use this form only if you intend to expand a non-conforming structure or facility. A non-conforming structure or facility is one that does not meet the set-back requirements of the Land Use Ordinance.

Please consult the Codes Enforcement Officer or a Planning Board member if additional information or assistance is required.

| | |
|--|--|
| 23. (A) Sq. Ft. portion of structure not meeting required set-back as of 1/1/89: <input style="width: 150px; height: 20px;" type="text"/> | 24. (A) Cu. Ft. portion of structure not meeting required set-back as of 1/1/89: <input style="width: 150px; height: 20px;" type="text"/> |
| (B) Sq. Ft. of expansions of portion of structure not meeting required set-back from 1/1/89 to present: <input style="width: 150px; height: 20px;" type="text"/> | (B) Cu. Ft. of expansions of structure not meeting required set-back from set-back as of 1/1/89: <input style="width: 150px; height: 20px;" type="text"/> |
| (C) Sq. Ft. of proposed expansion of structure not meeting required set-back: <input style="width: 150px; height: 20px;" type="text"/> | (C) Cu. Ft. of proposed expansion of portion of structure not meeting required set-back: <input style="width: 150px; height: 20px;" type="text"/> |
| (D) Percent Sq. Ft. increase of actual and proposed expansion of portion of structure not meeting required set-back: $\% \text{ Increase} = \frac{B + C}{A} \times 100 = \text{ }$ | (D) Percent Cu. Ft. increase of actual and proposed expansion of portion of structure not meeting required set-back: $\% \text{ Increase} = \frac{B + C}{A} \times 100 = \text{ }$ |

If you are required to fill out the 2NC Form, you must also:

- Notify abutting property owners by certified mail – at least 7 days before the application is to be considered by the Planning Board;
- Applicant’s intentions by sending a copy of the application to each abutter together with notice of the time, date, and place of the Planning Board Hearing;
- Applicant shall provide the Planning Board with an exact copy of the documents that were sent by certified mail to the abutters; and
- Attach certified mail receipts.

LAND USE APPLICATION SITE PLAN

Please include:

| | | |
|--|---|---|
| Lot lines | Area to be cleared of trees and other vegetation | Position of proposed structures/decks/porches and outbuildings with accurate set-back distances from normal high water line/side, front and rear property lines, and distance to the center of the travel portion of the state, town, subdivision or private road. |
| Location of existing and proposed wells, subsurface sewage disposal systems. | | Location of existing driveways. |
| Show areas and amounts to be filled and graded. | | Indicate dimensions of all structures and facilities. |
| If the proposal is for an existing structure, please distinguish between the existing structure and the proposed expansion. | | |

North ↑

Scale _____ Inches = _____ Feet

ELEVATIONS

Front or Rear Elevation

Side Elevation

Draw a simple sketch showing both **existing** and **proposed** structures.

APPROVAL OR DENIAL OF APPLICATION

| MAP | LOT | PERMIT # |
|---|-----|----------|
| This application is: <input type="checkbox"/> Approved Date: _____ | | |
| This application is: <input type="checkbox"/> Denied Date: _____ | | |
| If denied, reasons(s) for denial: _____ _____ | | |
| If approved, the following conditions are prescribed: _____ _____ _____ | | |

NOTE: In approving a Land Use Permit, the proposed use shall comply with the purposes and requirements of the Town of Islesboro Land Use Ordinance.

Codes Enforcement Officer

Date: _____

For the Planning Board

Date: _____

INSPECTION CHECKLIST:

| | |
|---|--------------------|
| <input type="checkbox"/> Prior to clearing and excavation | Date: _____ |
| <input type="checkbox"/> Verified set-backs | Date: _____ |
| <input type="checkbox"/> Subsurface sewage disposal | Date: _____ |
| <input type="checkbox"/> Internal plumbing | Date: _____ |
| <input type="checkbox"/> Property card information | Date: _____ |
| <input type="checkbox"/> Percentage of lot coverage | Date: _____ |
| <input type="checkbox"/> Additional information | Date: _____ |