

STATE OF MAINE
MUNICIPALITY OF ORLAND PLANNING BOARD

DATE: _____

FEE: _____

BY: _____

APPLICATION

NUMBER: _____

APPLICATION FOR SUBDIVISION APPROVAL

Applicant:

Name: _____ Tel.: _____

Address: _____

Interest in Property: _____

Interest in abutting property, if any: _____

Owner:

Name: _____ Tel.: _____

Address: _____

Name of Project: _____

Type of Proposed Activity:

_____ Minor Subdivision Review

_____ Major Subdivision – Preliminary Plan Review

_____ Final Plan Review

_____ Other _____

Project Type:

_____ Single Family _____ Multi-Family _____ Condominium _____ Other

STATE OF MAINE

Location:

Street Address: _____

Registry of Deeds: Book _____ Page _____

Assessor's Office: Map _____ Lot _____

Other Project Information

Size of parcel (acres): _____ Zoning District(s): _____

Proposed # of Lots: _____ Proposed # of Buildings: _____

Proposed # of Dwelling Units: _____

Does the applicant intend to request any waivers of Subdivision or Zoning Ordinance provisions?

No: _____ Yes: _____

If yes, list reasons why: _____

Name and Address of Applicant's Engineer, Land Surveyor or Planner:

The undersigned, being the applicant, owner or legally authorized representative, states that all information contained in this application is true and correct to the best of his/her knowledge and submits the information for review by the town and in accordance with applicable ordinances, statutes and regulations of the Town, State and Federal governments.

Date

Signature of Applicant/Owner/Representative