Town of Embden
Planning Board

The purpose of this Planning Board is to grant or deny an application **based on the information provided**.

The Planning Board meets once a month on the 2nd Thursday of each month at 7pm at the Embden Town Office. You do not need to be present for your application to be considered, however all meetings are open to the public if you wish to attend.

Please submit completed applications, with 5 copies, and the $25.00 application fee, to the Embden Town Office no later than 6pm on the last Thursday of the month to be placed on the next month's agenda. Incomplete applications, applications received after the deadline, or those received without payment will not be considered.

Applications may be submitted to the Town Clerk in person during business hours or by mail to: 809 Embden Pond Road, Embden ME 04958.

The Code Enforcement Officer holds office hours most Tuesday mornings from 9am-12pm. An appointment is not required, but may be scheduled in advance by calling (207) 566-5551 x 3.

-Embden Planning Board

TOWN OF EMBDEN

APPLICATION FOR A PERMIT

The undersigned applied 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.

NOTE: Check only those items which apply to your Application. Completed application required by CEO with required attachments shall be reviewed on site and approved by CEO prior to submission to the Planning Board.

For Office Use Only

Physical Address:
_____
Map#_____ Lot#_____
Permit # _____
Date:_____ Fee:_____
Property Zoned As:
_____
Site Review CEO:_____
% of lot occ. By it:_____
Subdivision: Yes No
(Name:_____)
Entrance Permit #_____
Subsurface Permit #_____
Internal Permit #_____

1. Applicant:

Name: _____

Mailing Address: _____

Town, State and Zip Code: _____

Telephone: (_____)_____

2. Owner: ☐ **Please Check Here if Same**

Name: _____

Mailing Address: _____

Town, State and Zip Code: _____

Telephone: (_____)_____

3. Contractor:

Name: _____

Mailing Address: _____

Town, State and Zip Code: _____

Telephone: (_____)_____

4. **Describe location of property including E-911 address:** _____

_____

5. **Existing use of property:** ☐ **Seasonal** ☐ **Year Round**

☐ **Residential** ☐ **Undeveloped Land** ☐ **Tree** ☐ **Commercial** ☐ **Home Business**

6. **Is property part of a subdivision?** ☐ **Yes (Name of Subdivision:** _____ **)**
☐ **No**

7. **Lot Dimensions:** _____ **Total Area:** _____

8. **Type of sewage disposal: (Existing** _____ **Proposed** _____ **)**

Note: Please Include copy of plumbing permit **Plumbing Permit #** _____

9. **Existing structures – Exterior dimensions (length and width)**

   a. **Residence:** _____ **by** _____ **Number of Stories** _____ **Height** _____

   Type of foundation: ☐ **Full** ☐ **Concrete Slab** ☐ **Frost Wall** ☐ **Posts**

   b. **Garage:** _____ **by** _____ **Number of Stories** _____ **Height** _____

   Type of foundation: ☐ **Full** ☐ **Concrete Slab** ☐ **Frost Wall** ☐ **Posts**

   c. **Other:** _____ **by** _____ **Number of Stories** _____ **Height** _____

   Type of foundation: ☐ **Full** ☐ **Concrete Slab** ☐ **Frost Wall** ☐ **Posts**

   d. **Deck:** **(Porch, Piazza, Veranda)** _____ **by** _____

   Type of foundation: ☐ **Posts** ☐ **Frost Wall** ☐ **Other (Describe):** _____

   e. **Other:** _____

10. **Requested Permit For:** ☐ **New Construction** ☐ **Rehabilitation** ☐ **Removal** ☐ **Emplacement**

DETAILED DESCRIPTION OF PROJECT (NEW CONSTRUCTION OR ADDITION TO EXISTING STRUCTURES)

   a. **Residence:** _____ **by** _____ **Number of Stories** _____ **Height** _____

   Type of foundation: ☐ **Full** ☐ **Concrete Slab** ☐ **Frost Wall** ☐ **Posts**

   b. **Garage:** _____ **by** _____ **Number of Stories** _____ **Height** _____

   Type of foundation: ☐ **Full** ☐ **Concrete Slab** ☐ **Frost Wall** ☐ **Posts**

   c. **Accessory Building:** _____ **by** _____ **Number of Stories** _____ **Height** _____

   Type of foundation: ☐ **Full** ☐ **Concrete Slab** ☐ **Frost Wall** ☐ **Posts**

   d. **Deck:** **(Porch, Piazza, Veranda)** _____ **by** _____

   Type of foundation: ☐ **Posts** ☐ **Frost Wall** ☐ **Other (Describe):** _____

11. Shore Land Zoning: ☐ **Yes** ☐ **No**

Is Property Located within 75' of a river or stream: ☐ **Yes** ☐ **No**

Is Property Located within 250' of a lake or pond: ☐ **Yes** ☐ **No**

Is Property Located in the Flood Zone: ☐ **Yes** ☐ **No**

Distance from Normal HWM: Residence: (____ ft.) Garage: (____ ft.) Other: (____ ft.)

12. The following Attachments/Checklist are required for review of application:

a. If you have owned your property for less than one year, please attach a copy of the deed that contains the recording data from the Somerset County Registry of Deeds.

b. Copy of Plumbing Permit(s):

Indoor Plumbing Permit # _____ Date: _____

Septic System Permit # _____ Date: _____

c. Attach Photographs of existing site conditions

d. Soil erosion control plan

e.* Attach a copy of any official decisions of other Federal, State or Local agencies regarding the use of this property *(Documents include but are not limited to the following: site location permit, minimum lot size waiver, subdivision approval, great ponds permit, DEP Permit-By-Rule, etc.)

f. On a separate sheet attach any supplemental information, or explain any points you feel need clarification.

g. Town of Embden Permit Fee: $ _____

h. FIVE COPIES OF THIS APPLICATION AND ALL SUPPORTING DOCUMENTS

I have carefully read this application and the same is true and correct to the best of my knowledge and belief. In doing this work, all ordinances and codes of the Town of Embden and the laws of the State of Maine will be complied with, whether specified or not. I will notify the Code Enforcement Officer when I am ready for the site visits and inspections. No work will be concealed until approved. Consent is given for the entry of authorized inspections until the job has received a final Inspection for Occupancy.

SIGNATURE: _____ DATE: _____

PLEASE INCLUDE: LOT LINES: AREA TO BE CLEARED OF TREES AND OTHER VEGETATION; IE: THE EXACT POSITION OF PROPOSED STRUCTURES, INCLUDING DECKS, PORCHES, AND ALL OUTBUILDINGS WITH ACCURATE SETBACK DISTANCES FROM SHORELINE, SIDE AND REAR PROPERTY LINES; THE LOCATION OF PROPERTY WELLS, SEPTIC SYSTEMS AND DRIVEWAYS; ALL AREAS AND AMOUNTS TO BE FILLED OR GRADED. IF THE PROPOSAL IS FOR AN EXPANSION OF AN EXISTING STRUCTURE, PLEASE DISTINGUISH BETWEEN THE EXISTING STRUCTURE AND THE PROPOSED EXPANSION.

PLOT PLAN

(NORTH)

(For Official Use Only) **To be maintained as a permanent record**

Date Received: _____ **Fee Paid: $** _____

Date of Action on Application: _____ **Approved** **Denied**

If application was denied, reason for denial: _____

_____

_____

If approved, the following conditions and safeguards were prescribed: _____

_____

_____

Planning Board (Signatures)

_____ _____

_____ _____

_____ _____

(For Use By CEO)

1. **Lot Size in Sq. Ft.:** _____
2. **Number of Buildings on Lot:** _____
3. **Sq. Footage and Volume of Existing Building:** _____
4. **Sq. Footage and Volume of Proposed Buildings and/or Additions:** _____
5. **Percentage of Lot Coverage (Buildings, etc.):** _____
6. **Distance from HWM of all Structures:** _____
7. **Percentage of Expansion of Structure:** _____
8. **Height of Existing Dwelling:** _____
9. **Flood Zone Elevation Information:** _____

Note: This checklist is intended to assist the CEO in tracking a Shore Land Zoning Permit through the review process.

Shore Land Zoning Permit Checklist

CHECK OFF FOR ALL STRUCTURES:

- ☐ **Complete Shore Land Zoning Permit Application**
- ☐ **Paid Appropriate Fee**
- ☐ **Lot Area**
- ☐ **% of Lot Covered by Non-Vegetated Surfaces**
- ☐ **Height of Structure**
- ☐ **Setback from High Water Mark**
- ☐ **Setback from Side & Rear Lot Lines**
- ☐ **% of Increase of Expansions of Portion of Structure which is less than required setback**
- ☐ **Copy of Interior & Exterior Plumbing Permits**
- ☐ **Copy of Deed (Recording Date on Deed)**
- ☐ **Elevation of Lowest Floor to 100 Year Flood Elevation**
- ☐ **Copy of Additional Permit(s) as Required**

CHECK OFF FOR FURTHER REVIEW:

- ☐ **Copy of file to Board of Appeals if Variance or Special Exception is Required**

CHECK OFF FOR SITE VISITS BY CEO:

- ☐ **Preliminary Site Visit** **Date: _____ Initials: _____**
- ☐ **Prior to Clearing and Excavation** **Date: _____ Initials: _____**
- ☐ **Stake Position Check** **Date: _____ Initials: _____**
- ☐ **Footing Check** **Date: _____ Initials: _____**
- ☐ **Foundation Check** **Date: _____ Initials: _____**
- ☐ **Framing Inspection** **Date: _____ Initials: _____**
- ☐ **Plumbing Inspection** **Date: _____ Initials: _____**
- ☐ **Final Inspection for Occupancy** **Date: _____ Initials: _____**