

CODE ENFORCEMENT OFFICER

Steve Ochmanski

207-268-4721

Code Enforcement Office hours:

Mon. 1:00pm to 5:00pm

Tue 9:00am to 1:00pm

Wed. 9:00am to 1:00pm

Thur. 9:00am to 1:00pm

Inspections and site visits by appointment only

FOR OFFICE USE ONLY:

PERMIT NO.: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

FEE AMOUNT: \_\_\_\_\_

TOWN OF LITCHFIELD

SHORELAND ZONING PERMIT APPLICATION

GENERAL INFORMATION

1. APPLICANT	2. APPLICANT'S ADDRESS	3. APPLICANT'S TEL. #
4. PROPERTY OWNER	5. OWNER'S ADDRESS	6. OWNER'S TEL. #
7. CONTRACTOR	8. CONTRACTOR'S ADDRESS	9. CONTRACTOR'S TEL. #
10. LOCATION/ADDRESS OF PROPERTY	11. MAP/LOT	12. ZONING DISTRICT

13. DESCRIPTION OF PROPERTY INCLUDING A DESCRIPTION OF ALL PROPOSED CONSTRUCTION, E.G. LAND CLEARING, ROAD BUILDING, SEPTIC SYSTEMS, AND WELLS (PLEASE NOTE THAT A SITE PLAN SKETCH IS REQUIRED ON PAGE 3).

14. PROPOSED USE OF PROJECT

15. ESTIMATED COST OF CONSTRUCTION

**SHORELAND AND PROPERTY INFORMATION**

16. LOT AREA (ACREGE)	17. FRONTAGE ON ROAD (FT.)
18. SQ. FT. OF LOT TO BE COVERED BY NON-VEGETATED SURFACES.	19. ELEVATION ABOVE 100 YR. FLOOD
20. FRONTAGE ON WATERBODY (FT.)	21.
22. EXISTING USE OF PROPERTY	23. PROPOSED USE OF PROPERTY

**Note: Questions 24 & 25 apply to expansions of structures which are less than the required setback.**

<p>24. A) CLOSEST DISTANCE FROM HIGH WATER LINE TO STRUCTURE BEFORE EXPANSION</p> <p>_____</p> <p>B) TOTAL SQ. FT. OF ALL STRUCTURES WHICH ARE LESS THAN REQUIRED SETBACK BEFORE EXPANSION</p> <p>_____</p> <p>C) HEIGHT OF STRUCTURE BEFORE EXPANSION</p> <p>_____</p> <p>D) NUMBER OF TREES IN DEVELOPMENT AREA BEFORE WORK BEGINS</p> <p>_____</p>	<p>25. A) CLOSEST DISTANCE FROM HIGH WATER LINE TO STRUCTURE AFTER EXPANSION</p> <p>_____</p> <p>B) TOTAL SQ. FT. OF ALL STRUCTURES WHICH ARE LESS THAN THE REQUIRED SETBACK AFTER EXPANSION</p> <p>_____</p> <p>C) HEIGHT OF STRUCTURE AFTER EXPANSION</p> <p>_____</p> <p>D) NUMBER OF TREES TO BE REMOVED IN DEVELOPMENT AREA</p> <p>_____</p>
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## Submission Requirement Check List

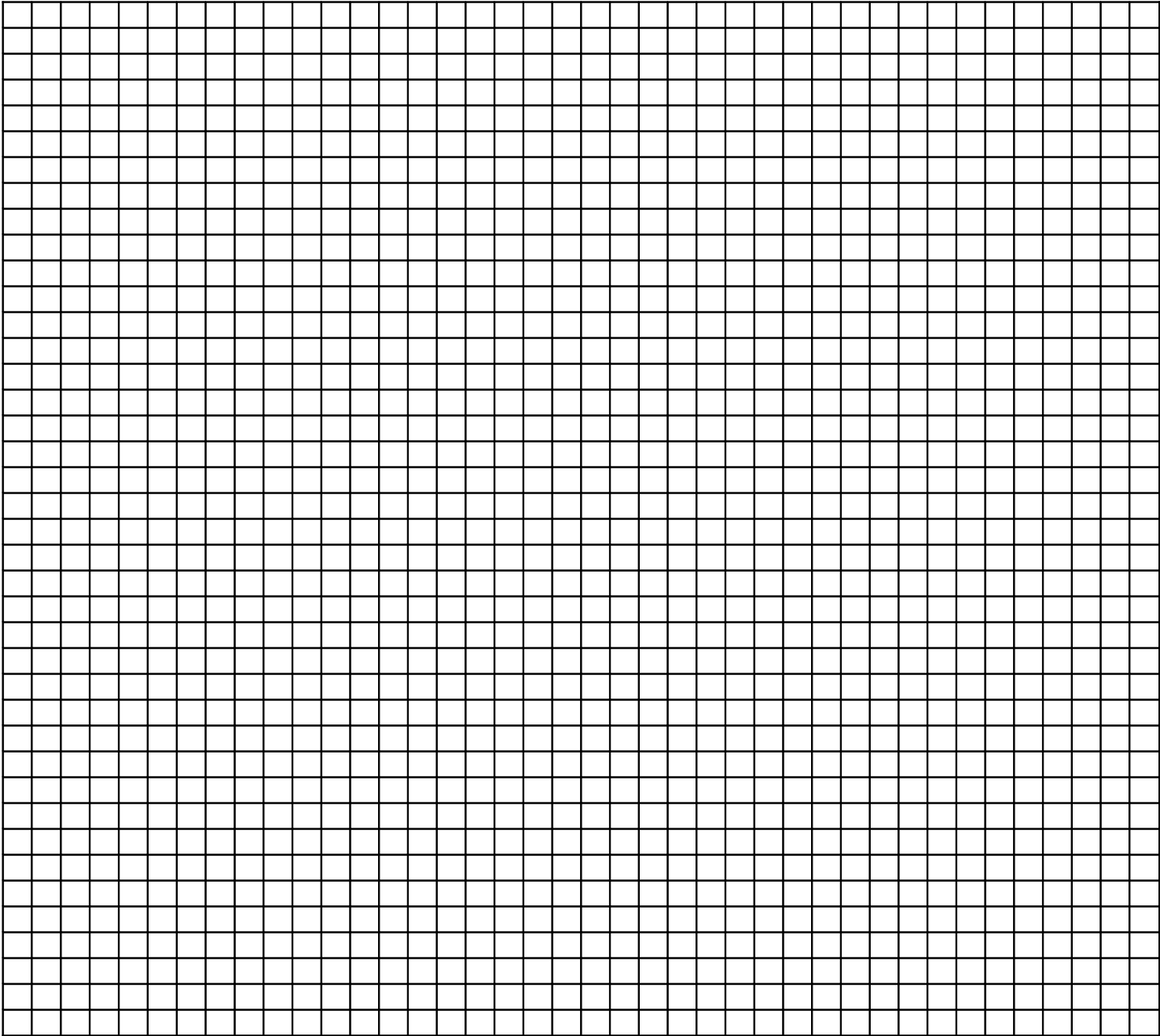
- € Name, Address and phone number of applicant and /or applicants agent
- € Property location including map and lot
- € Verification of right title or interest in property
- € Receipt of application fee
- € Estimated cost of the proposal
- € Schedule of construction, including anticipated beginning and completion dates
- € 1 Internal Plumbing Application and/or 3 copies of a subsurface wastewater disposal design
- € A complete description of the project
- € A map drawn to scale on 8 ½ x 11 or 11x17 size paper showing;
  - Location to nearest Town Road
  - Boundaries including abutting properties
  - Site,
  - Structures (existing and proposed)
  - Setbacks
  - Parking areas
  - Driveways
  - Roads
  - Erosion control and Stormwater control features
  - Easements (if applicable)
  - Rights-of-way
  - And any and all waterbodies (which include Lakes, Streams and Wetlands

### **Mobile Home applications must include the following**

- A current color photo in electronic form if possible  
(email to [s.ochmanski@litchfieldmaine.org](mailto:s.ochmanski@litchfieldmaine.org) )
  - Copy of taxes being paid from the last Town it was in
  - Bill of Sale
- € Any other information necessary to show that the proposal complies with the applicable requirements of this ordinance such as;
- Floodplain Management
  - Any State permits required
  - Any Federal permits required

# SITE PLAN

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



SCALE:        =        FT.



FRONT OR REAR ELEVATION

SIDE ELEVATION

DRAW A SIMPLE SKETCH SHOWING BOTH THE EXISTING AND PROPOSED STRUCTURES

**ADDITIONAL PERMITS, APPROVALS, AND/OR REVIEWS REQUIRED**

**CHECK IF REQUIRED**

- PLANNING BOARD REVIEW APPROVAL  
(e.g. Subdivision, Site Plan Review)
- BOARD OF APPEALS REVIEW/APPROVAL
- FLOOD HAZARD DEVELOPMENT PERMIT
- EXTERIOR PLUMBING PERMIT  
(Approved HHE 200 Application Form)
- INTERIOR PLUMBING PERMIT
- DEP PERMIT (Site Location,  
Natural Resources Protection Act)
- ARMY CORPS OF ENGINEERS PERMIT  
(e.g. Sec. 404 of Clean Waters Act)

**OTHERS**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

NOTE: APPLICANT IS ADVISED TO CONSULT WITH THE CODE ENFORCEMENT OFFICER AND APPROPRIATE STATE AND FEDERAL AGENCIES TO DETERMINE WHETHER 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 LITCHFIELD SHORELAND ZONING ORDINANCE. I AGREE TO FUTURE INSPECTIONS BY THE CODE ENFORCEMENT OFFICER AT REASONABLE HOURS.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGENT'S SIGNATURE

\_\_\_\_\_  
DATE

**APPROVAL OR DENIAL OF APPLICATION**

MAP \_\_\_\_\_ LOT# \_\_\_\_\_

THIS APPLICATION IS: \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

IF DENIED, REASON FOR DENIAL:

\_\_\_\_\_

\_\_\_\_\_

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IF APPROVED, THE FOLLOWING CONDITIONS SHALL APPLY:

\_\_\_\_\_

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\_\_\_\_\_

NOTE: IN APPROVING A SHORELAND ZONING PERMIT, THE PROPOSED USE SHALL COMPLY WITH THE PURPOSES AND REQUIREMENTS OF THE SHORELAND ZONING ORDINANCE FOR THE TOWN OF LITCHFIELD.

\_\_\_\_\_  
CODE ENFORCEMENT OFFICER

\_\_\_\_\_  
DATE

**INSPECTION CHECK LIST**

- Prior to Clearing, Excavation and Demo
- Prior to Foundation Pour
- Prior to Final Landscaping
- Prior to Occupancy

PERMIT # \_\_\_\_\_

FEE AMOUNT \_\_\_\_\_