

**TOWN OF ACTON**  
P.O. BOX 540 – ACTON, ME 04001  
TEL:207-636-3497 FAX: 207-636-4526

**Application for Site Plan Review**

The undersigned is applying to the Acton Planning Board for a permit for one of the following uses. Said permit to be issued based on the information contained in this application. The applicant hereby certifies that all information and attachments to this application are true and correct. This application must be completed and signed and have all applicable attachments enclosed with it. Appropriate fees for the application must be submitted prior to Review.

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number (     ) \_\_\_\_\_

Location of Project \_\_\_\_\_

Owner(s) Name \_\_\_\_\_ **Tax Map** \_\_\_\_\_ **Lot** \_\_\_\_\_

Owner(s) Address \_\_\_\_\_

Deed: Book \_\_\_\_\_ Page: \_\_\_\_\_ Lot Size \_\_\_\_\_ **Zone** \_\_\_\_\_

Name of Land Surveyor, Engineer, Architect  
or others preparing plan \_\_\_\_\_

What legal interests does the applicant have in the property to be developed (ownership, option, purchase & sales contract, etc)? \_\_\_\_\_

Person in which all correspondence regarding this application should be sent to:  
Name and Address: \_\_\_\_\_  
\_\_\_\_\_ phone: \_\_\_\_\_

email: \_\_\_\_\_ fax: \_\_\_\_\_

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Existing Use of Property \_\_\_\_\_

Is there currently more than one use to this property? \_\_\_\_yes \_\_\_\_no

Please provide a brief description of the proposed project

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Other Permits that is required for this project

<input type="checkbox"/> 30% Expansion	<input type="checkbox"/> Shoreland Zone	<input type="checkbox"/> Flood Plain
<input type="checkbox"/> Variance from ZBA	<input type="checkbox"/> Building	<input type="checkbox"/> DEP
<input type="checkbox"/> Seasonal Conversion	<input type="checkbox"/> Subsurface Disposal	<input type="checkbox"/> Driveway Cut
<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Other _____	

Attach a copy of any other permits required for this project along with any other supplement information or explain any points that you may feel need clarification.

### **Site Plan**

Illustrate the following information about your lot and the proposed use of the lot with the scaled drawing or plan prepared by an engineer or surveyor. Include, but not limited to, lot dimensions, names of abutting property owners, rights of way (private or public), exact locations of existing and proposed buildings with the distances to property lines shown, septic system, wells, areas to be cleared, filled or graded and erosion control plan.

(Please attach necessary documents to this application)

I \_\_\_\_\_ hereby attest that all the information submitted on this application is true and correct and is in conformance with the Town of Acton's Zoning Ordinances and all state and federal laws.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY  
TO BE MAINTAINED AS A PERMANENT RECORD**

**PERMIT#** \_\_\_\_\_ **FEE PAID** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DATE RECEIVED** \_\_\_\_\_ **DATE OF ACTION ON APPLICATION** \_\_\_\_\_

\_\_\_\_\_  
**APPROVED: THE FOLLOWING CONDITIONS APPLY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**DENIED FOR THE FOLLOWING REASONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Planning Board, chairman  
Dwight Venell*

\_\_\_\_\_  
*date*