TOWN OF ACTON

Building Department
207-636-3497 x410 Email: ceo@actonmaine.org

SUBDIVISION SKETCH PLAN APPLICATION

Property Owner _____

Mailing Address_____

Phone _____ Email _____

Applicant (if different from Property Owner, a Letter of Authorization is required)_____

Mailing Address_____

Phone _____ Email _____

Engineer _____

Mailing Address_____

Phone _____ Email _____

Name of Development/ Project / Business _____

Land Use Information

Street Address (of project) _____Tax Map _____ Lot _____ Zoning District _____

Shoreland Overlay District on property ☐ Yes ☐ No

Is the property within the Resource Protection Zone? ☐ Yes ☐ No

Applicant's Legal Interest in the property (Documentation of right, title or interest must accompany the application.)

☐ Ownership ☐ Option ☐ Purchase and Sale Contract ☐ Other _____

Existing Land Use _____

Proposed Land Use _____

Non-Vegetated Area of Lot Existing_____ SF Proposed _____ SF

Total Gross Floor Area of All Structures Existing_____ SF Proposed _____ SF

Certification: To the best of my knowledge, all information submitted on this site plan and application is true and correct.

_____ _____

Signature of Applicant or Authorized Agent Date

Subdivision Sketch Plan Application (continued)

Required Submissions (further documentation could be required)

- ☐ application including the name / address of the applicant (or authorized agent w/ completed Letter of Authorization);
- ☐ the name of the proposed development;
- ☐ the assessor's map and lot number;
- ☐ total floor area of proposed buildings;
- ☐ ground coverage calculations;
- ☐ location of each proposed building, structure, or addition;
- ☐ a copy of the deed or record of ownership;
- ☐ dated, certified perimeter survey of the parcel including reference points showing true north point, graphic scale; total acreage.