

Received
Date:

Date of Application: 6/3/24

Map 4 Lot 43-4

TOWN OF LYMAN
PLANNING BOARD SITE REVIEW APPLICATION
FOR GENERAL AND COMMERCIAL USES

11 South Waterboro Road
Lyman, ME 04002
(207) 499-7562 ext. 17 or CEO at ext. 15

1. A. Name of Applicant: Daniel Crook
Mailing address: 157 Clearview Dr
Arundel
Telephone #: 207 229 1423
E-Mail Address: Sree Crook @ Yahoo. com

B. Name of Person Representing Applicant (if applicable):
Daniel Crook
Mailing address: "
Telephone #: "
E-Mail Address: "

NOTE: THE PERSON(S) ACTING AS AN AGENT FOR THE PROPERTY OWNER MUST HAVE WRITTEN AUTHORIZATION FROM THE OWNER GIVING PERMISSION TO ACT ON THEIR BEHALF.

2. Location of Property: Map _____ Lot _____
(as per Lyman Tax Maps)

2a. Address of Property: 301 Middle Rd

3. Check appropriate zone: (see zoning maps for determination)
General Purpose
 Rural Residential
Commercial/Residential

4. Reason for Application: (check whichever is applicable)
 Proposal or plans require Site Review Permit as per Lyman Zoning Ordinance

_____ Proposal or plans require Planning Board approval for Subdivision
4a. Is the property part of a subdivision: (Circle One)

YES

NO

4b. Is the property classified in Tree Growth, Open Space, Farm & Open Space or Resource Protection?
Please Specify NO

5. Existing use of Property: (Describe in detail)

closed

previous

Convenience Store, Food, Beer, wine

6. Proposed use of the Property: (Describe and be specific about your plans ie: type of business, etc.)

Convenience Store, Catering, picnic tables

7. Lot dimensions: (INCLUDE A SKETCH)

Width: _____

Depth: _____

Total Area: _____

Road Frontage: _____

8. Type of Sewerage Disposal: (Include HHE-200 Forms if possible)

Existing: _____

Proposed: _____

9. Total percentage of lot to be occupied by structures(s) _____ %
(see definition section of ordinance)

10. Structure(s) exterior dimensions (length and width)

Main structure _____ by _____ # of stories _____

Garage/Shed _____ by _____ # of stories _____

Other _____ by _____ # of stories _____

11. SUBMITTALS

- a. FEES Please make check payable to the TOWN OF LYMAN.
SUBDIVISION: \$2,500.00
ALL OTHERS: \$ ~~300.00~~ \$250.00
- b. A copy of the plumbing permit, if applicable. (This includes already installed systems regardless of age)
- c. A current copy of the signed property deed(s).
- d. A copy of official decisions (or actions pending) of other, state, federal or local officials (site location permit, minimum lot size waiver, Subdivision approval, Conditional Use Permits AND/OR Site Review Approvals, etc.)
- e. Site Plan: ILLUSTRATE the following information about the lot and the proposed use of the lot on a SCALE DRAWING ON GRAPH PAPER or a SITE PLAN PREPARED BY A SURVEYOR, ARCHITECT OR ENGINEER.
- Lot dimensions.
 - Names of abutting property owners. (This includes any property within 500 feet of the boundary lines including across the street.) Include the name, map and lot number, and mailing address of each abutter, which may be listed separately shall be supplied with the application.
 - Location of abutting rights of way, public or private.
 - Location of any abutting water bodies including streams.
 - Exact location of existing and proposed buildings, including dimensions and distance of each from nearest lot line(s).
 - Location of sewage disposal system and water supply.
 - Areas to be cleared, if applicable.
 - Erosion control methods and landscaping plans, if applicable.
 - Areas of fill, grading, cut or other earth-moving activity.
 - Test pit locations, if applicable.

PLEASE SUBMIT A TOTAL OF EIGHT (8) COPIES OF THIS APPLICATION INCLUDING THE ATTACHMENTS LISTED ABOVE and 6 STANDARD 1" x 2 5/8" MAILING LABELS for the APPLICANT and 6 for the APPLICANT(S) AGENT/CONTRACTOR. ALSO PLEASE SUBMIT TWO SETS OF LABELS WITH ABUTTERS' NAMES AND ADDRESSES.

NOTE: ALL APPLICANTS WILL BE NOTIFIED IN WRITING AS TO THE TIME AND PLACE THE PLANNING BOARD WILL MEET TO REVIEW YOUR APPLICATION.

12. ONSITE: An onsite inspection (site walk) will be conducted by the Board for each application. If you add to a structure or are building new, you **MUST have the property and proposed structure(s) staked out.** This includes boundary lines to abutting properties.

NOTE: THIS APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY, INCLUDING ALL SUBMITTALS OR IT WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT.

To the best of my (our) knowledge, all information submitted on this application is true and correct. All proposed uses will be in conformance with the application and the Zoning Ordinance(s) of the Town of Lyman.

Signature  Date 0/24/24
(Of applicant/owner of property and/or Power of Attorney)

Signature _____ Date _____