



Community Development Planning Division

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Tel: 207-222-1620

PRE-APP / SKETCH PLAN APPLICATION

☐ SITE PLAN ☐ SUBDIVISION ☐ GRAVEL PIT ☐ ZONING ☐ PRIVATE WAY

FEE FOR PLAN REVIEW

☐ \$300.00

Note: \$300 review fee will be credited towards subsequent application for the same proposed project

Amount Paid:

\$ _____

Date:

PROPERTY DESCRIPTION

Parcel ID

Map(s)

Lot(s)

Zoning District(s)

Total Land Area (sq. ft.)

Physical Address/ Location

PROPERTY OWNER'S INFORMATION

Name(s)

Mailing Address

Phone

Email

APPLICANT'S INFORMATION IF DIFFERENT FROM OWNER

Name(s)

Name of Business

Phone

Mailing Address

Email

APPLICANT'S AGENT INFORMATION

Name

Name of Business

Phone

Mailing Address

Email

PROJECT DESCRIPTION

Existing Land Use:

Provide a narrative description of the Proposed Project:

Provide a narrative description of construction constraints (wetlands, shoreland zone, flood plain, non-conformance, etc.)

MINIMUM SKETCH PLAN REQUIREMENTS

- ☐ One (1) signed original, one (1) full size plan set (24x36), seven (7) reduced size plan sets (11x17), and one (1) electronic copy of the entire packet

The Sketch Plan document/map:

A) Paper size; no less than 11" X 17" or greater than 24" X 36"

B) Plan Scale

- ☐ Under 10 acres: no greater than 1" = 30'
☐ 10 + acres: 1" = 50'

C) Title block

- ☐ Applicant's name and address
☐ Name of preparer of plans with professional information
☐ Parcel's tax map identification (map and lot) in bottom right corner of map

APPLICANT'S CHECKLIST FOR SKETCH PLAN REQUIREMENTS

SUBMITTALS THAT THE TOWN PLANNER DEEMS SUFFICIENTLY LACKING IN CONTENT WILL NOT BE SCHEDULED FOR PLANNING BOARD REVIEW.

The following checklists includes items generally required for development by the GORHAM LAND USE ORDINANCES and, due to project specifics, are required to provide a complete and accurate set of plans, reports and supporting documentation.

Existing:

- ☐ Current Deed, contract to purchase or lease, or other form of right, title or interest.
☐ Zoning district
☐ Topographic map (optional)
☐ Wetlands and floodplains
☐ Water bodies and water courses
☐ Parcel area
☐ Lot dimensions
☐ Utilities (Sewer/septic, water, electric, phone)
☐ Streets, driveways and rights-of-way
☐ Structures

IT IS THE RESPONSIBILITY OF THE APPLICANT TO PRESENT A CLEAR UNDERSTANDING OF THE PROJECT.

Proposed: (Plans must show the lightened existing topography under the proposed plan for comparison.)

- ☐ Recreation areas and open space
☐ Number of lots and lot areas
☐ Setback lines and building envelopes
☐ Lot dimensions
☐ Utilities (Sewer/septic, water, electric, phone)
☐ Streets, driveways and rights-of-way
☐ Structures

Distance to:

- ☐ Nearest driveways and intersections
☐ Nearest fire hydrant
☐ Nearest significant water body

NOTE TO APPLICANT: PRIOR TO THE SITE WALK, TEMPORARY MARKERS MUST BE ADEQUATELY PLACED THAT ENABLE THE PLANNING BOARD TO READILY LOCATE AND APPRAISE THE LAYOUT OF DEVELOPMENT.

TYPE OF DEVELOPMENT

- ☐ Development Transfer Overlay (Chapter 1)
☐ Small Dwelling Overlay (Chapter 1)
☐ Clustered Residential Development (Chapter 2)
☐ Planned Unit Development
☐ Agent Authorization Form (Completed and Signed)

ADDITIONAL COMMENTS:

The undersigned hereby makes application to the Town of Gorham for approval of the proposed project and declares the foregoing to be true and accurate to the best of his/her knowledge.

APPLICANT OR AGENT'S SIGNATURE

DATE

PLEASE TYPE OR PRINT NAME

AGENT AUTHORIZATION

PROPERTY DESCRIPTION	PHYSICAL ADDRESS/ LOCATION		MAP(S)	
			LOT(S)	
APPLICANT(S) INFORMATION	NAME(S)			MAILING ADDRESS
	PHONE			
	EMAIL			
OWNER(S) INFORMATION	NAME(S)			MAILING ADDRESS
	PHONE			
	EMAIL			
APPLICANT'S AGENT INFORMATION	NAME		BUSINESS NAME	
	PHONE		MAILING ADDRESS	
	EMAIL			

Said agent(s) may represent me/us before Gorham Town officers and the Gorham Planning Board to expedite and complete the approval of the proposed development for this parcel.

APPLICANT SIGNATURE

DATE

PLEASE TYPE OR PRINT NAME HERE

CO-APPLICANT SIGNATURE (if applicable)

DATE

PLEASE TYPE OR PRINT NAME HERE

APPLICANT'S AGENT SIGNATURE

DATE

PLEASE TYPE OR PRINT NAME HERE