



## Community Development Planning Division

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GORHAM MUNICIPAL CENTER, 75 South Street, Gorham, ME 04038

Tel: 207-222-1620

### REQUEST FOR WAIVER

<b>PROPERTY DESCRIPTION</b>	Parcel ID	Map(s)		Lot(s)		Zoning District(s)		Total Land Area (sq. ft.)	
	Physical Address/Location								
	Subdivision Name								
<b>PROPERTY OWNER'S INFORMATION</b>	Name(s)					Mailing Address			
	Phone								
	Email								
<b>APPLICANT'S INFORMATION IF DIFFERENT FROM OWNER</b>	Name					Mailing Address			
	Phone								
	Email								
<b>APPLICANT'S AGENT INFORMATION</b>	Name					Name of Business			
	Phone					Mailing Address			
	Email								

### DESCRIPTION

<b>Ordinance Section</b>	<b>CLEARLY Describe why this request is being made.</b>
***EXAMPLE*** (Ch 3, Section 3-3, C. 3)	***EXAMPLE*** Requesting a waiver of this ordinance since the proposed professional offices have a written agreement with the abutting Church owned property to share parking.
<b>ADDITIONAL COMMENTS:</b>	

**SUBDIVISION: CHAPTER 3, SECTION 3-1, Sub-section F - VARIATION**

**SITE PLAN: CHAPTER 4, SECTION 4-12 - WAIVERS**

# AGENT AUTHORIZATION

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

*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