



**Community Development
Planning Division**

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

Tel: 207-222-1620

SPECIAL EXCEPTION APPLICATION

FEEES FOR SPECIAL EXCEPTION REVIEW	<input type="checkbox"/> \$150 Application Fee <input type="checkbox"/> \$100 for Public Notice/ Legal Ad <input type="checkbox"/> \$1,000.00 Peer Review and Legal Services Escrow. (\$500.00 plus \$500.00 Engineer's Estimate - may need to be increased depending on project)	TOTAL AMOUNT PAID:	\$ _____
		DATE PAID:	

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

PROJECT DESCRIPTION	
Existing Use	
Project Name	
Proposed Use	

SPECIAL EXCEPTION STANDARDS

The Planning Board shall have the power and duty to Approve, Deny, or Approve with Conditions a Special Exceptions application only as expressly provided in the applicable zoning districts. The applicant shall have the burden of proving that his/her application is in compliance with the following standards. After the submission of a complete application, the Planning Board shall approve a special exception application or approve it with conditions only if it makes a positive finding based on the information presented that the proposed use, with any conditions attached, meets the following standards

CRITERIA FOR APPROVAL	<i>IF THE ANSWER TO ANY OF THESE QUESTIONS IS NO, PLEASE EXPLAIN.</i>
The proposed use will not create or aggravate hazards to vehicular or pedestrian traffic on the roads and sidewalks, both off-site and on-site, serving the proposed use as determined by the size and condition of such roads and sidewalks, lighting, drainage, and the visibility afforded to pedestrians and the operators of motor vehicles on such roads	
The proposed use will not cause water pollution, sedimentation, erosion, contaminate any water supply nor reduce the capacity of the land to hold water so that a dangerous or unhealthy condition results;	
The proposed use will not create unhealthful conditions because of smoke, dust, or other airborne contaminants;	
The proposed use will not create nuisances to neighboring properties because of odors, fumes, glare, hours of operation, noise, vibration or fire hazard or unreasonably restrict access of light and air to neighboring properties;	
The waste disposal systems are adequate for all solid and liquid wastes generated by the proposed use;	
The proposed use will not result in damage to spawning grounds, fish, aquatic life, bird or other wildlife habitat, and, if located in the Shoreland Overlay District, will conserve (a) shoreland vegetation; (b) visual points of access to waters as viewed from public facilities; (c) actual points of access to waters; and (d) natural beauty;	
ADDITIONAL COMMENTS:	

The minimum requirement for Special Exception applications is a sketch of the property and the proposed changes. If the plan cannot demonstrate compliance to all of the "Criteria for Approval" (above) then further application(s) and/or material(s) may be required. Please discuss with the Town Planner.

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.

SIGNATURE OF APPLICANT OR APPLICANT'S AGENT

DATE

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