



Community Development Planning Division

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

Tel: 207-222-1620

Application for ZONING AMENDMENT Text and Map			FEE FOR PLAN REVIEW		<input type="checkbox"/> \$300		Amount Paid \$ _____ Date Paid: _____
					<input type="checkbox"/> \$200 Public Notice/Legal Ad Fee		
PROPERTY DESCRIPTION	Parcel ID	Map(s)	Lot(s)	Existing Zoning District(s)	Total Land Area (sq. ft.)		
PHYSICAL ADDRESS/ LOCATION							
CONTACT INFORMATION	Name(s)		Mailing Address				
	Phone						
	Email						
APPLICANT'S AGENT INFORMATION (IF APPLICABLE)	Name		Name of Business				
	Phone		Mailing Address				
	Email						
PROPERTY DESCRIPTION	Explain the need for a Zoning Amendment. (i.e. Is a proposed development project dependent on this amendment?)						
REQUESTED ZONING DISTRICT							

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

APPLICANT'S SIGNATURE

DATE

PRINT NAME

PETITION TO AMEND THE GORHAM LAND USE ORDINANCE

	PROPERTY OWNER	LOT			
	NAME	MAP	LOT	ADDRESS	SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

ADD ADDITIONAL SIGNATURE SHEETS AS NEEDED.

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