



**Community Development
Planning Division**

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

Tel: 207-222-1620

PRE-APP / SKETCH PLAN APPLICATION

SITE PLAN
 SUBDIVISION
 GRAVEL PIT
 ZONING
 PRIVATE WAY

FEE FOR PLAN REVIEW	<input type="checkbox"/> \$300.00 Note: \$300 review fee will be credited towards subsequent application for the same proposed project	Amount Paid: \$ _____ Date: _____
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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			
Email			

APPLICANT'S AGENT INFORMATION	Name	Name of Business	
Phone			
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) Clustered Residential Development (Chapter 2)
 Small Dwelling Overlay (Chapter 1) 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