Community Development
Planning Division

Thomas M. Poirier, *Director of Community Development*
tpoirier@gorham.me.us
Carol Eyerman, *Town Planner*
ceyerman@gorham.me.us

GORHAM MUNICIPAL CENTER, 75 South Street, Gorham, ME 04038 | Tel: 207-222-1620

STREET AND DRIVEWAY NAME APPROVAL FORM

☐ **STREET NAME APPROVAL**   ☐ **DRIVEWAY NAME APPROVAL**

APPLICANT INFORMATION	**Name(s)**		**Mailing Address**	
	Phone			
	Email			

THE PROPOSED IS:

☐ Planning Board Approved Private Way
☐ Subdivision Road constructed to public street specifications
☐ Driveway (not to be used for calculating frontage for buildable lot computations)
☐ Other _____

PROPOSED NAME: (MUST PROVIDE THREE NAME OPTIONS)

1. _____
2. _____
3. _____

STREET/DRIVEWAY ACCESSES OFF OF:		**AT:**	
		AT:	
MAP AND LOT NUMBER(S) OF ACCESS POINTS:			
LENGTH OF NEW STREET/DRIVEWAY:		**NUMBER OF LOTS ACCESSED BY NEW STREET/DRIVEWAY:**	

FOR DRIVEWAY NAME APPROVAL ONLY BELOW THIS LINE:					
NAME AND SIGNATURE OF EACH PARCEL OWNER TO BE READDRESSED ON PROPOSED DRIVEWAY:					
NAME:	1.	**ADDRESS:**		**SIGNATURE:**	
	2.				
	3.				
	4.				
APPLICANT MUST PROVIDE SURVEY OR REASONABLY ACCURATE REPRESENTATION OF THE DRIVEWAY DEPICTING THE DIMENSIONS AND LOCATION OF THE DRIVEWAY TO BE NAMED.					

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FOR OFFICE USE ONLY BELOW THIS LINE:		
NAME APPROVED:		
NAME APPROVED BY:	**SIGNATURE:**	**DATE:**
☐ TOWN PLANNER		
☐ FIRE CHIEF		
☐ POLICE CHIEF		
☐ PUBLIC WORKS DIRECTOR		

☐ ADDRESSING OFFICER		

FOR PLANNING OFFICE USE ONLY BELOW THIS LINE:		
DATE OF PLANNING BOARD APPROVAL:		
DATE OF TOWN COUNCIL ACCEPTANCE:		
CC:	☐ TAX ASSESSOR	☐ TOWN CLERK
	☐ PUBLIC WORKS DIRECTOR	☐ TOWN ENGINEER

REVISED 12/15/2021