

Planning Department  
Damariscotta Town Office  
21 School Street,  
Damariscotta, ME 04543



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Town Planner  
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# PLANNING BOARD APPLICATION

## OFFICE USE ONLY

Application Fee: \_\_\_\_\_ PID: \_\_\_\_\_

Date Received: \_\_\_\_\_

*Applications may be accepted electronically, though the Planning Board reserves the right to request physical submissions. Please email your full submission binder to the Town Planner.*

## SITE DETAILS

Street Address: \_\_\_\_\_  
[Deed Book and Page:](#) \_\_\_\_\_  
Existing Subdivision Name: \_\_\_\_\_  Not Applicable  
Lot within subdivision: \_\_\_\_\_  Not Applicable  
[Tax Map & Lot:](#) \_\_\_\_\_  
[Zoning district:](#) \_\_\_\_\_  
Existing land use(s): \_\_\_\_\_

## PROPERTY OWNER INFORMATION

Property Owner Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

## APPLICANT INFORMATION (IF DIFFERENT FROM ABOVE)

Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

## CONTACT PERSON / AGENT INFORMATION

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The Planner will only contact one designated person regarding the application. Please identify the primary contact:

- Property owner       Applicant       Other (fill out section below):

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## PROJECT INFORMATION

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Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the project located within any of the following? *(Please select all that apply):*

- [Special Flood Hazard Area](#)       [Shoreland Zoning Area](#)  
 Historic District

## APPLICATION TYPE

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Please select **ALL** that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Conditional Use Application               | <input type="checkbox"/> Site Plan Application         |
| <input type="checkbox"/> Small Wind Energy System                  | <input type="checkbox"/> Site Plan Pre-application     |
| <input type="checkbox"/> Conditional Use Application               | <input type="checkbox"/> Preliminary Major Subdivision |
| <input type="checkbox"/> Final Major Subdivision                   | <input type="checkbox"/> Minor Subdivision             |
| <input type="checkbox"/> Sketch Plan Pre-application (Subdivision) | <input type="checkbox"/> Zoning Text Amendment         |
| <input type="checkbox"/> Zoning Map Amendment                      |  |

*Note: Please consult with the Planner if you are unsure about which applications you will need.*

## SIGNATURES

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### PROPERTY OWNER'S CONSENT REQUIRED:

I declare under penalty of perjury that I am the owner of said property. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

I, \_\_\_\_\_, authorize the noted applicant or agent  
OWNER named on this application to file this application on my behalf.  
INITIAL

### APPLICANT / AGENT CERTIFICATION:

I certify that all of the information provided within this application form and accompanying materials is true and accurate to the best of my knowledge. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title