



# Subdivision Ordinance Application

## Town of Blue Hill

18 Union Street - Blue Hill, Maine 04614

TELEPHONE 207-374-2281 FAX 207-374-9935

Office Use Only: Map ____ Lot ____
Name: _____
Date Received: _____
Date Approved: _____
Application Fee: \$ _____
Advertising Fee: \$ _____
Technical Review Fee: \$ _____
=====
Total Fee Paid: \$ _____

This application is to be completed and submitted as described in the *Subdivision Ordinance* which can be downloaded at <https://www.bluehillme.gov>

For guidance on the Planning Board's Review Criteria, please discuss the "SUBDIVISION REVIEW GUIDELINES" with the Code Enforcement Officer.

**ALL COMPLETE APPLICATIONS MUST BE RECEIVED BY THE CODE ENFORCEMENT OFFICER AT LEAST 10 BUSINESS DAYS PRIOR TO THE PLANNING BOARD MEETING. REGULAR PLANNING BOARD MEETINGS ARE SCHEDULED FOR THE SECOND WEDNESDAY OF EACH MONTH.**

### PART I

#### Property Owner of Record:

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

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

Telephone: \_\_\_\_\_

#### Applicant (if not owner):

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

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

Telephone: \_\_\_\_\_

#### Site Information:

Street Address or Location: \_\_\_\_\_

Map: \_\_\_\_ Lot: \_\_\_\_ Total acreage of lot: \_\_\_\_ Total acreage of lot to be developed: \_\_\_\_

Is the site located within the Shoreland Zoning District? Yes \_\_\_\_ No \_\_\_\_

(If yes, a completed Shoreland Zone Application must be included with this application.)

Has any division of the land occurred in the last 5 years?

Name of the proposed project:

\_\_\_\_\_

Description of existing use of property/structures:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of proposed development of property/structures:

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Number of existing lots: \_\_\_\_\_ Number of lots to be developed: \_\_\_\_\_

Number of existing buildings: \_\_\_\_\_ Number of buildings to be developed: \_\_\_\_\_

## Part II

The following requirements are in conformance with The Blue Hill Subdivision Ordinance and **must** be included in the preliminary application:

- a. Plot Plan with proposed Site Plan Name or identifying Title including, in addition, all items listed in Section V (A) (3) of the Ordinance.
- b. All items listed in Section V (A) (4) (a) – (n) of the Ordinance, except for those items the Planning Board deems not appropriate and agrees to waive.
- c. The applicant requests the Planning Board to waive the following Subdivision Ordinance application requirements with respect to this preliminary application, for the reasons stated:

## Review Criteria

The review criteria from Title 30-A M.R.S. § 4404 **must** be satisfied by materials submitted with this application before the Planning Board can grant approval for any proposed Subdivision.

## Part III

Permits are processed upon completion of the application. Permits are valid for one year. If substantial completion (30%) of is met a second year is granted to complete the project.

The applicant certifies all information given in this application is accurate. All proposed uses shall be in conformance with this application and any applicable Town of Blue Hill Ordinances.

The applicant is cautioned that permits from other local, State, or Federal agencies may be required before the project is commenced or occupied. It is not the responsibility of the Planning Board to advise the applicant about any other permits that may be required. The applicant is strongly advised to consult with the Code Enforcement Officer (CEO), License Plumbing Inspector (LPI), Fire Chief, and any other agency having jurisdiction regarding any permits that may be required. The Planning Board may condition its approval of any application(s) upon evidence that all other required local, State, and Federal permits and approvals have been obtained.

The undersigned owner or authorized agent hereby applies for a permit in accordance with all statutes, laws, building codes, and ordinances of Blue Hill. The applicant certifies that all information and attachments submitted are true and correct and agrees to future inspections by the town CEO during reasonable business hours.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

\*Conditional approval may be given upon receipt of above permits if required

Date application was accepted as complete: \_\_\_\_\_

By: \_\_\_\_\_