

Town of Edgecomb

**SHORELAND ZONING PERMIT APPLICATION
 TREE CUTTING: PRUNING OR REMOVAL ONLY
 GENERAL INFORMATION**

1. APPLICANT	2. APPLICANT'S ADDRESS		3. APPLICANT'S TEL. #
4. PROPERTY OWNER	5. OWNER'S ADDRESS		6. OWNER'S TEL. #
7. CONTRACTOR	8. CONTRACTOR'S ADDRESS		9. CONTRACTOR'S TEL. #
10. LOCATION / ADDRESS OF PROPERTY		11. TAX MAP & LOT #	12. ZONING DISTRICT
13. DESCRIPTION OF PROPERTY INCLUDING A DESCRIPTION OF ALL PROPOSED WORK RELATED TO TREE TRIMMING, REMOVAL OF HAZZARDOUS TREES and/or LAND CLEARING,- PLEASE NOTE THAT A SITE PLAN SKETCH IS REQUIRED ON PAGE 2 OR ON A SEPARATE SHEET.			
14. PROPOSED USE OF PROJECT		15. ESTIMATED COST OF WORK	

SITE PLAN

PLEASE INCLUDE: LOT LINES; AREA TO BE CLEARED OF TREES AND OTHER VEGETATION; THE EXACT POSITION OF PROPOSED STRUCTURES, INCLUDING DECKS, PORCHES, AND OUT BUILDINGS WITH ACCURATE SETBACK DISTANCES FROM THE SHORELINE, SIDE AND REAR PROPERTY LINES; THE LOCATION OF PROPOSED WELLS, SEPTIC SYSTEMS, AND DRIVEWAYS; AND AREAS AND AMOUNTS TO BE FILLED OR GRADED. IF THE PROPOSAL IS FOR THE EXPANSION OF AN EXISTING STRUCTURE, PLEASE DISTINGUISH BETWEEN THE EXISTING STRUCTURE AND THE PROPOSED EXPANSION.

NOTE: FOR ALL PROJECTS INVOLVING FILLING, GRADING, OR OTHER SOIL DISTURBANCE YOU MUST PROVIDE A SOIL EROSION CONTROL PLAN DESCRIBING THE MEASURES TO BE TAKEN TO STABILIZE DISTURBED AREAS BEFORE, DURING AND AFTER CONSTRUCTION (See attached guidelines)

SCALE: _____ =

Please provide photos of the existing site conditions

Activities Other than Commercial Timber Harvesting
Selective cutting, pruning, a well distributed stand of trees and
other natural vegetation MUST be maintained

ADDITIONAL PERMITS, APPROVALS, AND/OR REVIEWS REQUIRED

CHECK IF REQUIRED:

- BOARD OF ZONING APPEALS REVIEW APPROVAL
- FLOOD HAZARD DEVELOPMENT PERMIT
- DEP PERMIT (Site Location, Natural Resources Protection Act)
- ARMY CORPS OF ENGINEERS PERMIT

NOTE: APPLICANT IS ADVISED TO CONSULT WITH THE CODE ENFORCEMENT OFFICER AND APPROPRIATE STATE AND FEDERAL AGENCIES TO DETERMINE WHETHER ADDITIONAL PERMITS, APPROVALS, AND REVIEWS ARE REQUIRED

I CERTIFY THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS ACCURATE. ALL PROPOSED USES SHALL BE IN CONFORMANCE WITH THIS APPLICATION AND THE SHORELAND ZONING ORDINANCE.		
I AGREE TO FUTURE INSPECTIONS BY THE CODE ENFORCEMENT OFFICER AT REASONABLE HOURS.		
APPLICANT'S SIGNATURE	DATE	
AGENTS SIGNATURE (if applicable)	DATE	
APPROVAL OR DENIAL OF APPLICATION	MAP	LOT #
(For Office Use Only)		
THIS APPLICATION IS:	APPROVED	DENIED
IF DENIED, REASON FOR DENIAL:		
IF APPROVED, THE FOLLOWING CONDITIONS ARE PRESCRIBED:		
NOTE: IN APPROVING A SHORELAND ZONING PERMIT, THE PROPOSED USE SHALL COMPLY WITH THE PURPOSES AND REQUIREMENTS OF THE SHORELAND ZONING ORDINANCE FOR THE TOWN OF		
CODE ENFORCEMENT OFFICER	DATE	