



**TOWN OF TOPSHAM
PLANNING OFFICE**

100 Main Street, Second Floor
Topsham, Maine 04086

Phone: (207) 725-1724 • Fax: (207) 725-1737

CERTIFICATE OF APPROPRIATENESS APPLICATION

FEE FOR PLAN REVIEW		<input type="checkbox"/> \$25.00 for residential <input type="checkbox"/> \$35.00 for non-residential					Date: _____ Amount Paid:\$ _____		
PROPERTY DESCRIPTION	Parcel ID	Map(s)		Lot(s)		Zoning District(s)		Contributing or Non-contributing Property	
	Physical Address								
PROPERTY OWNER'S INFORMATION	Name				Mailing Address				
	Phone								
	Fax								
	Email								
APPLICANT'S INFORMATION IF DIFFERENT FROM OWNER	Name				Name of Business				
	Phone				Mailing Address				
	Fax								
	Email								
APPLICANT'S AGENT INFORMATION	Name				Name of Business				
	Phone				Mailing Address				
	Fax								
	Email								
PROJECT DESCRIPTION	Existing Land Use (circle one) Residential Commercial Industrial Proposed Land Use (circle one) Residential Commercial Industrial								
	Provide narrative description of proposed project:								
	Provide narrative description of any constraints (wetlands, shoreland zone, floodplain, etc.)								

MINIMAL PLAN REQUIREMENTS

- 4 Paper Copies of the entire plan packet
- ONE Electronic copy (via thumb drive/USB; email submissions will not be accepted)
- Self-addressed stamped envelope to mail thumb drive back to applicant.
- Agent Authorization form, signed
- Peer Review Escrow, if required by Commission

Site Plan documents/plan submissions must contain at least:

- Paper size; no less than 8" X 11" or greater than 24" X 36"
- 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/plan
- One plan/map with date, north point, scale, project name showing all **existing** lot dimensions, setbacks, streets, driveways, rights of way, structures, wetlands, floodplains, waterbodies, water courses.
- One plan/map with date, north point, scale, project name showing all **proposed** lot dimensions, setbacks, structures, streets, driveways, rights of way, utilities, lighting, landscaping, drainage, and parking.
- Architectural Elevations of existing and proposed buildings including location with type of materials and products
- Samples or manufacturer's information about products
- Photographs of building, each building element, site, and adjacent buildings, as seen from the street
- Historic Photographs, if available
- Proof of right, title and interest in the property.
- Agent Authorization form

Please describe below why replacement may be necessary:

Note:

1. Submittals that the town planner deems sufficiently lacking in content will not be scheduled for review.
2. It is the responsibility of the applicant to present a clear understanding of the project.
3. The written materials and plans must be organized and contained in a single collated report and folded. Rolled plans will not be accepted.
4. The application fees are required at time of submission.

The undersigned hereby makes application to the Town of Topsham for review 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

