

**TOWN OF TOPSHAM  
APPLICATION FOR VARIANCE OR APPEAL**

**GENERAL INFORMATION**

APPLICANT	APPLICANT ADDRESS	APPLICANT PHONE NUMBER
PROPERTY OWNER	OWNER'S ADDRESS	OWNER'S PHONE NUMBER
LOCATION/PROPERTY ADDRESS	TAX MAP & LOT NUMBER	PROPERTY USE

**SAGADAHOC COUNTY REGISTRY OF DEEDS**

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**OWNER OF RECORD**

APPLICANT   
 OTHER

The present owner acquired title to this property.  
 Date:

If the applicant is not the owner of record please submit a purchase and sales agreement with the application.

**ZONING**

<input type="checkbox"/>	R-1 URBAN RESIDENTIAL
<input type="checkbox"/>	R-2 SUBURBAN RESIDENTIAL
<input type="checkbox"/>	R-3 RURAL RESIDENTIAL
<input type="checkbox"/>	UV UPPER VILLAGE
<input type="checkbox"/>	MV MIDDLE VILLAGE
<input type="checkbox"/>	LV LOWER VILLAGE
<input type="checkbox"/>	MUC MIXED USE COMMERCIAL
<input type="checkbox"/>	MUL MIXED USE LIMITED
<input type="checkbox"/>	RCU RURAL COMMERCIAL USE
<input type="checkbox"/>	CC COMMERCIAL CORRIDOR
<input type="checkbox"/>	I INDUSTRIAL

**SHORELAND ZONES**

<input type="checkbox"/>	RP-RESOURCE PROTECTION
<input type="checkbox"/>	LR-LIMITED RESIDENTIAL
<input type="checkbox"/>	LC-LIMITED COMMERCIAL
<input type="checkbox"/>	GD-GENERAL DEVELOPMENT
<input type="checkbox"/>	SP-STREAM PROTECTION

**OTHER SPECIAL ZONES**

<input type="checkbox"/>	HD-HISTORIC DISTRICT
<input type="checkbox"/>	AP-AQUIFER PROTECTION
<input type="checkbox"/>	MM-MOBILE HOME PARK

FLOOD ZONE

**SETBACKS**

FRONT <input style="width: 50px;" type="text"/> FT.	LEFT SIDE <input style="width: 50px;" type="text"/> FT.
REAR <input style="width: 50px;" type="text"/> FT.	RIGHT SIDE <input style="width: 50px;" type="text"/> FT.

**PURPOSE OF THE APPLICATION**

Variance <input type="checkbox"/>	<input style="width: 50px;" type="text"/>
Appeal <input type="checkbox"/>	<input style="width: 50px;" type="text"/>

**DESCRIPTION OF THE CASE**

Please describe why the variance or appeal is being requested. Attach a site plan of the property with all buildings and lot dimensions shown. Measurements from lot lines to proposed building also need to be shown on the plan.

Fee: \$150.00  Paid

VISION

CASES ARE LIMITED TO 6 PER MEETING. APPLICATIONS WILL BE ACCEPTED AND SCHEDULED ON A FIRST COME FIRST SERVE BASIS. ALTERNATE MEETINGS WILL BE HELD AT THE DISCRETION OF THE BOARD OF APPEALS CHAIRMAN.

VARIANCES SECURED UNDER THE PROVISIONS OF THE TOPSHAM TOWN ZONING ORDINANCE SHALL EXPIRE IF THE WORK IS NOT COMPLETED WITHIN TWO(2) YEARS OF THE DATE WHICH THE VARIANCE OR ADMINISTRATIVE EXCEPTION IS AUTHORIZED.

I HEREBY CERTIFY THAT THE INFORMATION IN THE APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF THE APPLICANT'S KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT	DATE
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