

# TOWN OF OLD ORCHARD BEACH

**Current Planning Services:**

**SKETCH PLAN REVIEW**

**ARTICLE IV-Sec. 74-121**

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**Fee: \$100 + \$10 per lot**

Date Received:

Application Fee PAID: \$

## Application and Submittal Requirements

*This application and all accompanying submissions shall conform to the applicable provisions of the Old Orchard Beach Zoning Ordinance.*

Parcel No.	M:		B:		L:		Zoning Dist.:	
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Project Name:	
Project Address or Location:	

Record Owner:		E-mail:	
Mailing Address:		Phone:	
		Fax:	
Agent for Owner:		E-mail:	
Mailing Address:		Phone:	
		Fax:	

**Existing Use of Property:**

  
  
  
  
  
  
  
  
  
  

***Acceptance of a Sketch Plan does not constitute final Planning Board approval.***

**No application shall be accepted without completion of this application and submittal of required documents.**

**OOB Planning Department**

One Portland Avenue, Old Orchard Beach, ME 04064 Phone: 207 934 5714 x233 Fax: 207 934 5911

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## Application and Submittal Requirements

1. ATTACH A SKETCH PLAN OF THE PROPOSED PROJECT, AND INCLUDE:  
Number of residential lots; typical lot width and depth; playgrounds, park areas and other public areas; street improvements
2. DESCRIBE THE PROPOSED PROJECT AND INCLUDE (attached separate sheet if necessary)
  - a. Data on existing covenants, if any.
  - b. Availability of utilities for project.
  
3. ATTACH A COPY OF THE PROPERTY DEED.
4. SIZE OF PROPERTY: \_\_\_\_\_ SF or \_\_\_\_\_ acres
5. IDENTIFY ANY AND ALL EASEMENTS ON THE PROPERTY. ATTACH COPIES OF EASEMENT DEEDS.
6. Classify Proposal:  Major Subdivision  Minor Subdivision  
 Site Plan

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## Application and Submittal Requirements

Submit 10 copies of Applications, Checklists, Plans, etc. to OOB Planning Department.

**VERIFY SUBMITTAL DEADLINES WITH THE PLANNING DEPARTMENT.**  
**LATE SUBMITTALS WILL NOT BE ACCEPTED**

- PRIOR TO THE SIGNING OF FINAL PLANS BY THE PLANNING BOARD, THE APPLICANT SHALL MEET ALL CONDITIONS OF APPROVAL, SECURE PERFORMANCE ASSURANCES AND ESCROW AGREEMENTS (PURSUANT TO ARTICLE IV, SECTION 78-211) AND PAY ALL OUTSTANDING PEER REVIEW FEES. ALL CONDITIONS OF APPROVAL SHALL BE INCLUDED WITHIN AN APPROVAL BLOCK ON THE RECORD REPRODUCIBLE PLAN.
- ATTACH A CHECK PAYABLE TO THE TOWN OF OLD ORCHARD BEACH FOR APPLICATION FEES.

The Undersigned hereby makes application to the Town of Old Orchard Beach for approval of the attached plans and declares the foregoing document to be true and accurate to the best of his/her knowledge.

**If not the owner, the agent must provide a letter of authorization from the owner stating that they are authorized to represent the owner in all matters pertaining to this application.**

\_\_\_\_\_  
Owner, Applicant, or Agent

\_\_\_\_\_  
Date

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**ASSESSOR'S  
CERTIFICATION for  
MAP BLOCK and LOT**

The following certification of the correct Map Block and Lot Number(s) of the subject property must be obtained from the Assessing Office and must accompany all applications submitted to the Planning and Code Enforcement Departments.

**NO APPLICATION will be deemed complete without this certification.**

PROJECT NAME: \_\_\_\_\_

PROJECT APPLICANT: \_\_\_\_\_

**Application Type** (Check appropriate boxes)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Site Plan       | <input type="checkbox"/> Design Review        | <input type="checkbox"/> Subdivision          |
| <input type="checkbox"/> Variance        | <input type="checkbox"/> Miscellaneous Appeal | <input type="checkbox"/> Amend to Subdivision |
| <input type="checkbox"/> Sign Permit     | <input type="checkbox"/> Sketch Paln          | <input type="checkbox"/> Sewer Connection     |
| <input type="checkbox"/> Dumpster Permit | <input type="checkbox"/> Street Opening       | <input type="checkbox"/> Other                |

Property owned by \_\_\_\_\_ and located at \_\_\_\_\_  
owner's name  
\_\_\_\_\_ is identified on the  
Street Address

**Old Orchard Beach Assessor's Maps and within the Town Assessing Records as having the following Map, Block and Lot number:**

MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Assessing Official