



Town of Whitefield Subdivision Application Form
Laws and regulations of the Town of Whitefield Subdivision Ordinance applied

Note to applicants: Please complete all questions on this form and return it to the Whitefield Town Office. An incomplete or unsigned application may delay processing and/or approval of your application.

A complete subdivision application consists of all required plans, forms and submission requirements.

APPLICATION INFORMATION

Check the Subdivision you are Requesting:

Minor (5 lots or less):__ Major (more than 5 lots):__

Date of first Planning Board Review:_____

All Correspondence regarding this application should be sent to:

Owner:__ Applicant:__ Authorized Agent:__ Surveyor, Engineer, etc. __

Property Owner’s Contact Information

Name:_____

Email:_____

Mailing address:_____

Phone:_____ Cell:_____ Fax:_____

Applicant’s Contact Information

Name:_____

Email:_____

Mailing address:_____

Phone:_____ Cell:_____ Fax:_____

If applicant is a corporation, attach a copy of the State’s Registration

Licensed in the State of Maine: Yes:__ No, list State:_____

Applicant’s Authorized Agent:

Name:_____

Email:_____

Mailing address:_____

Phone:_____ Cell:_____ Fax:_____

What legal interest does the applicant have in the property to be developed?

Ownership:__ Purchase & Sales Contract:__

Purchase Option:__ Other:__

Please attach documentation of legal interest (i.e. deed, purchase agreement, etc.)

What interest does the applicant have in any abutting properties?_____

Applicant's Architect, Engineer, Planner Surveyor Contact Information

Architect name: _____

Email: _____

Mailing Address: _____

Phone: _____ Cell: _____ Fax: _____

Registration/ Professional License #: _____

Engineer name: _____

Email: _____

Mailing address: _____

Phone: _____ Cell: _____ Fax: _____

Registration/ Professional License #: _____

Planner Name: _____

Email: _____

Mailing address: _____

Phone: _____ Cell: _____ Fax: _____

Registration/ Professional License #: _____

Surveyor Name: _____

Email: _____

Mailing address: _____

Phone: _____ Cell: _____ Fax: _____

Registration/ Professional License #: _____

Property Information

Road address: _____

Lincoln County Registry of Deeds: Book: _____ Page: _____

Town Tax Map(s): _____ Lot(s): _____

Total acres of parcel: _____ Acreage to be developed: _____

Acreage remaining: _____

Is any of the property in the FEMA Special Flood Hazard Area (100-year floodplain)?

Yes: ___ No: ___ if yes, add Flood Insurance Rate Map (FIRM) map: _____

Is any of the property within 250 feet of the high -water mark of a pond or river?

Yes: ___ No: ___

Is any of the property within the direct watershed of a great pond?

Yes: ___ No: ___ If yes, which great pond? _____

Does the property include any water bodies? Yes: ___ No: ___

Does the property include any wetlands? Yes: ___ No: ___

Is any portion of the property within a Shoreland Zoning District?

Yes: ___ No: ___ if yes, which district?

Limited Residential: ___ Resource Protection: ___

Limited Commercial: ___ Stream Protection: ___

Identify existing use(s) of land (farmland, woodlot, etc.): _____

Indicate the nature of any restrictive covenants or easements in the existing deeds:
Please attach a copy of the covenant or easement

Has the land ever been part of a prior approved subdivision since March 1977

Yes:___ No:___

If yes, Subdivision Date:_____ Subdivision Name:_____

Lincoln County Registry of Deeds Book:_____ Page:_____

Has the land ever been part of other divisions within the past 5 years?

Yes:___ No:___

If yes, Subdivision Date:_____ Subdivision Name:_____

Lincoln County Registry of Deeds Plan Book:_____ Page:_____

Abutting Landowners:

The abutters (all landowners within 500 feet of all property boundaries including both sides of the road) must be notified. Submit the following:

List the names and addresses of all landowners within 500' of the property

Letter notifying the abutters of the submission of the proposed subdivision plan

Provide addressed, stamped legal sized envelopes for all listed abutters. The return

Address is Town of Whitefield, 36 Townhouse Road, Whitefield, ME 04353

Names

Addresses

Additional abutters use a separate sheet and attach to the application.

PROJECT INFORMATION

Proposed Subdivision Name:_____

Anticipated date for construction:_____

Anticipated date for completion:_____

Proposed acreage to be developed:_____

Proposed number of:

Lots:_____ Buildings:_____

Dwellings: Residential single-family home:_____

Dwellings: Split, two-family home:_____

Dwellings: High residential, multifamily:_____

Provide an actual field survey of boundary lines of the tract, giving complete descriptive dateable bearings and distances, made and certified by a person duly licensed by the State to perform such work. The corners of the tract shall be located on the ground and marked by monuments. Indicate the type of monument or marker. _____

Indicate the nature of any restrictive covenants or easements to be placed in deeds: _____

Is the proposed subdivision in keeping with the Town's Comprehensive Plan?

Yes:___ No:___

Identify method of water supply to the proposed subdivision:

Individual wells:_____

Central well with distribution lines:_____

Identify method of sewage disposal to proposed subdivision:

Individual septic systems:___

Central on-site disposal with distribution lines:___

Other, please state alternative:___

Identify location of existing or proposed roads to or for the proposed subdivision:

State Road:_____

Town Road:_____

Private Road:_____

Proposed Road:_____

Does this development propose the extension of public infrastructure?

Yes:___ No:___

If yes, check all that apply:

Roads:___

Utilities:___

Storm drainage/ culvert(s):___

Fire protection facility(s):___

Other:_____

Estimated cost for infrastructure improvements:_____

Type of Performance Guarantee proposed:

Performance Bond:___

Conditional Agreement:___

Letter of Credit:___

Not Applicable:___

Are any portions of the subdivision dedicated to public use? Yes:___ No:___

If open space or other land is to be offered to the municipality, written evidence that the Select Board is satisfied with the legal sufficiency of the written offer of cession shall be included.

Submit a soil and sedimentation control plan, prepared in accordance with Maine DEP rules for stormwater management, or a comparable set of standards found to be acceptable by the Planning Board.

Submit a plan for the disposal of surface drainage waters prepared by a Registered Professional Engineer in accordance with DEP rules for stormwater management, or a comparable set of standards found to be acceptable by the Planning Board.

Does the applicant intend to request waivers of any of the subdivision submission requirements?

Yes:___ No:___

If yes, list the waiver requests by section number of the Subdivision Ordinance and state the reason for the request(s) and a Waiver Request Application is required. _____

APPLICATION FEES

Has the application fee been paid? Yes:___ No:___

Date of payment:_____

Receipt number from the Town Office:_____

The undersigned, being the applicant, owner or legally authorized representative, states that to the best of their knowledge, all the above information submitted in this application is true and correct and hereby submits the information for review by the Town and in accordance with applicable ordinances, statues and regulations of the Town, State and Federal government. If the applicant is not the property owner and the property owner has not signed the application, appropriate documentation must be submitted to substantiate that the applicant has authority from the property owner to submit this application. If the applicant’s agent is signatory, authorization by the owner must be provided. By signing this application, the following town officials are given permission to enter the property during normal business hours for the purpose of reviewing this application:

Code Enforcement Officer, Fire Chief, Roads Commissioner, Assessors Agent, Town Administrator and the Planning Board, if a site visit is determined to be necessary.

Signature of Applicant, Owner or Representative

Signature:_____

Date:_____

Title:_____