



TOWN OF NORTH YARMOUTH
10 VILLAGE SQUARE ROAD
NORTH YARMOUTH, MAINE 04097
PHONE: (207) 829-3705 X204
FAX: (207) 829-3743
WEBSITE: www.northyarmouth.org

CODE OFFICE HOURS
MONDAY -THURSDAY
8:00 AM - 5:00 PM

ADMINISTRATIVE, VARIANCE OR MISCELLANEOUS APPEAL APPLICATION

APPLICANT: _____ APPLICANT PHONE #: _____
APPLICANT MAILING ADDRESS: _____
APPLICANT OWNER EMAIL: _____

PROPERTY OWNER: _____ PROPERTY OWNER #: _____
PROPERTY OWNER ADDRESS: _____
PROPERTY OWNER EMAIL: _____

TAX MAP & LOT NUMBER: _____

PROPERTY USE: _____

LOCATION/PROPERTY ADDRESS: _____

ZONING DISTRICTS:

____ VILLAGE CENTER ____ VILLAGE RESIDENTIAL ____ FARM AND FOREST ____ FLOODPLAN

OVERLAY ZONING DISTRICTS:

____ RESIDENTIAL SHORELAND (100') ____ RESOURCE PROTECTION (150') ____ RESOURCE PROTECTION (250')
____ ROYAL RIVER CORRIDOR OVERLAY ____ GROUND WATER PROTECTION OVERLAY

CASE DESCRIPTION – PROVIDE A CONCISE WRITTEN STATEMENT INDICATING WHAT RELIEF IS REQUESTED, A SKETCH AND WHY THE APPEAL OR VARIANCE SHOULD BE GRANTED:

IF A VARIANCE IS GRANTED, IT IS THE APPLICANT'S RESPONSIBILITY TO OBTAIN A VARIANCE CERTIFICATE FROM THE CODE ENFORCEMENT OFFICER AND TO RECORD THIS CERTIFICATE AT THE CUMBERLAND COUNTY REGISTRY OF DEEDS. THE VARIANCE SHAL EXPIRE IF THE WORK INVOLVED IS NOT SUBSTANTITALLY COMPLETED WITHIN ONE YEAR.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT SIGNATURE

DATE: _____

DATE OF PUBLIC HEARING: _____ DATE PAID: _____ TOTAL FEE AMOUNT: \$250.00