



Junkyard/Auto Graveyard Permit Renewal Application

\$250.00 Application Fee

I/We _____ hereby submit an application for a permit to establish, operate, maintain a Junkyard at the following described location and in accordance with the provisions of State of Maine Statutes; Title 30-A, Sections 3751 to 3760, Chapter 183.

Applicant must answer all questions in full.

1. Give location of Junkyard and/or Auto Graveyard:

2. Is this application make by or for a (check one):

___ Company ___ Partnership ___ Corporation ___ Individual

3. Were the Junkyard Law, Requirements and Fees explained to you? ___ Yes ___ No

4. Is this property leased? ___ Yes ___ No

Property Owner Name: _____

Property Owner Address: _____

Tax Map No. _____ Lot No. _____ Zone _____

5. How is "yard" screened?

Fence? Type of Fence _____ Height _____

Trees? Type of Trees _____

Embankment? ___ Gully ___ Hill Other ___

6. How far is the edge of "yard" from center of the highway? _____ ft

7. Can automobiles be seen from any part of the highway? ___ Yes ___ No

8. Is any portion of this "yard" on public property? ___ Yes ___ No

9. Is the "Yard" within 300 ft of Public park, playground, bathing beach, school, Church or Cemetery? ___ Yes ___ No

10. When was the "yard" established? (Year) _____ By whom? _____

11. When was the last permit issued? (Year) _____ To whom? _____

Make complete sketch of the “yard”. Show footage of all sides and location in relationship to adjacent properties. Show distance (in feet) from edge of the “yard” to center of State or Town Road. Include route number or local road name, name of nearest city/town in each direction, distance from nearest intersection, bridge or other known reference point. Please include where “North” is located on your map.

The undersigned certifies that the above information is true and correct to the best of his/her knowledge and that he/she is the owner or agent of the property or that he/she has been duly authorized by the owner to make that application and to receive the permit under the law.

Signature

Name of Company, Corporation, Partnership

Printed name

Date

MUNICIPAL OFFICE USE ONLY

Application & Fee Received: _____

Date of Inspection: _____

Approved by: _____
Code Enforcement Officer

Approved by: _____
Fire Chief

The following individuals or organizations should receive a copy of the finalized application:

____ Applicant

____ Code Enforcement Office

____ Department of Transportation

(#16 State House Station, Augusta, Maine 04333-0016)

____ Bureau to Motor Vehicles, Dealer Section

(101 Hospital St, #29 State House Station, Augusta, ME 04333-0029)