

CONDITIONAL USE PERMIT APPLICATION

City of Saco, Maine

DATE RECEIVED_____

ACCOUNT NUMBER_____

FEE PAID_____

OWNER'S NAME_____

Address_____

E-mail_____

Telephone Number_____

(Indicate Daytime Number)

Fax Number_____

APPLICANT'S NAME_____

Applicant's Address_____

E-mail_____

Telephone Number_____

(Indicate Daytime Number)

Fax Number_____

ADDRESS OF PROPOSED CONDITIONAL USE_____

Assessor's Map Number_____ Lot Number_____

York County Registry of Deeds Book_____ Page #_____

City of Saco Zoning District_____

Nature of Conditional Use Requested_____

List any variances which are required by Ordinance: _____

SUBMISSION REQUIREMENTS: Please review and submit all of the items required as specified in Article 9 of the Zoning Ordinance.

FEE: A \$25.00 non-refundable fee must be submitted with all applications. The required deposit is \$500.00, should an engineering review be required or \$200.00 should an engineering review not be required with the **CONDITIONAL USE APPLICATION**. Attached is a copy of the Cost Recovery Ordinance which explains how the Cost Recovery works. Please review and if there are any questions, direct them to the Planning Office.

The Planning Board normally meets the second and fourth Tuesday of the month for reviewing Subdivisions, Conditional Uses and Site Plans. Applicants must submit their materials by 4:30 P.M. Three Weeks prior to the scheduled meeting for placement on the Board's agenda. If the application and submission materials are not complete, placement on an agenda may be delayed.

Signature of Applicant and/or Owner

Date