



PLANNING BOARD APPLICATION

OFFICE USE ONLY

PID: _____ Pre-Application Date: _____
Fee: _____ Date Stamp: _____

NOTE: 8 hard copies of all application materials shall be dropped off at the Town Office. Additionally, one PDF copy of all application materials shall be emailed to Planner@boothbayharbor.org

SITE DETAILS

Street Address _____
[Deed Book and Page](#) _____
Existing Subdivision Name _____ Not Applicable
Lot within subdivision _____ Not Applicable
[Tax Map & Lot](#) _____
[Zoning district](#) _____
Existing land use(s) _____

PROPERTY OWNER INFORMATION

Property Owner Name _____
Mailing Address _____
Phone Number _____
Email _____

APPLICANT INFORMATION (IF DIFFERENT FROM ABOVE)

Applicant Name _____
Mailing Address _____
Phone Number _____
Email _____

CONTACT PERSON / AGENT INFORMATION

Staff will **only contact one designated person** regarding the application. Please identify the primary contact:

- Property owner Applicant Other (fill out section below):

Applicant Name _____
Mailing Address _____
Phone Number _____
Email _____

PROJECT INFORMATION

Project Description _____

Is the project located within any of the following?:

- Floodplain area [Shoreland Zoning District](#)

APPLICATION TYPE

Please select **ALL** that apply:

- | | |
|--|--|
| <input type="checkbox"/> Pre-Application | <input type="checkbox"/> Minor Subdivision |
| <input type="checkbox"/> Site Plan (land disturbance only) | <input type="checkbox"/> Preliminary Major Subdivision |
| <input type="checkbox"/> Site Plan (with building) | <input type="checkbox"/> Final Major Subdivision |
| <input type="checkbox"/> Building Permit in Shoreland Zone | <input type="checkbox"/> Use Requiring Planning Board Review |
| <input type="checkbox"/> Zoning Map Amendment | <input type="checkbox"/> Zoning Text Amendment |

SIGNATURES

PROPERTY OWNER'S CONSENT REQUIRED:

I declare under penalty of perjury that I am the owner of said property. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

Signature of Property Owner

Date

I, _____, authorize the applicant or agent named on this application to file this application.

OWNER
INITIAL

APPLICANT / AGENT CERTIFICATION:

I certify that all of the information provided within this application form and accompanying materials is true and accurate to the best of my knowledge. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

Signature of Applicant

Date

Print Name and Title