

TOWN OF NEW SHARON, ME

INTENTION TO BUILD

NOTIFICATION FORM

(this form is to be used for all 'living space' structures and structures over 400 sq. ft.)

|   |
|---|
| Town Use Only                                 |
| Date Received _____                           |
| Fee Received: Amt. _____ Chk. _____ Ca. _____ |
| Date Reviewed: _____ By: _____                |
| Date Approved: _____                          |

*Please Print*

Name: (person submitting this notification) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Location of proposed structure(s):

Map number \_\_\_\_\_ Lot number \_\_\_\_\_

House number and street name: \_\_\_\_\_

(for new dwellings fill out Address Request Form on Attachment I)

Please answer/provide information for the following questions:

- 1.) Is the proposed structure a non-living space over a 400 sq. ft. foot print? \_\_\_\_\_  
(i.e. Deck, garden/tool shed, etc.)
- 2.) Is the proposed structure a new dwelling? \_\_\_\_\_ If yes, provide a copy of the deed.
- 3.) Was the lot for which a permit is being requested created by division from another lot in the past five years?  
(Applicant must provide a Title Attorney's opinion) \_\_\_\_\_
- 4.) Is the proposed structure additional living space? \_\_\_\_\_
- 5.) Is the proposed structure a seasonal to year round conversion? \_\_\_\_\_

If you answered yes to questions 2, 4 or 5, please attach an approved septic system design.

Please note that conversion of seasonal to year-round use, please document: 1) that the existing septic system meets the standards of the Maine State Plumbing Code; or 2) that the site conditions will permit the installation of a system that meets these standards of the State Plumbing Code if the present system malfunctions.

Is the proposed structure within 250 ft. of a river or pond or 75 ft. from a stream or wetland? \_\_\_\_ If yes, please refer to the Town of New Sharon Shoreland Zoning Ordinance for a description of land types and restrictions. Attach the New Sharon Planning Board's approval letter to this application.

**Application Fees:** (checks made payable to Town of New Sharon) \$25.00

**SKETCH OF PROPOSED STRUCTURE**

Please provide a plan view of the proposed structure. Indicate the scale used (e.g. 1" = 10') and label dimensions.

**LOCATION OF STRUCTURE ON PROPERTY**

Please indicate where the structure is to be built on the property. Show the direction of North. Show and label town road and location of driveway.

**NEW DWELLINGS**

Please attach the following documentation required for all new dwellings:

- Central Maine Power 11-90 easement form.
- Verizon easement form.
- Written statement from Road Commissioner (Attachment II) with approval of driveway easement or State of Maine Department of Transportation approval for state roads such as U.S. Route 2, Route 27, Route 41 and Route 134.

Signature: \_\_\_\_\_  
Applicant Date

Approved: \_\_\_\_\_  
Code Enforcement Officer Date

Town of New Sharon, Maine  
Address Request Form

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Map number \_\_\_\_\_ Lot number \_\_\_\_\_

Street name \_\_\_\_\_

Best time to be contacted and where \_\_\_\_\_

Town of New Sharon, Maine  
Road Commissioner Authorization

Name \_\_\_\_\_

Address \_\_\_\_\_

Map # \_\_\_\_\_ Lot # \_\_\_\_\_

This is to certify that the above-named applicant has met with the Road Commissioner and discussed driveway easement on Town of New Sharon roads (does not include Rt 2, Rt 27, Rt 41, or Rt 134 – see State of Maine DOT for these easements). The following is needed to complete easement:

Culvert needed? \_\_\_\_\_

Culvert dimensions: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned certifies that they will not engage in the Sale, Distribution, Manufacture, or Processing of Marijuana on or about land located on Map \_\_\_\_\_, Lot \_\_\_\_\_ in violation of the Town of New Sharon Marijuana Moratorium Ordinance passed November 16, 2016.

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

Personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Maine, by \_\_\_\_\_ who swears and affirms that the above statement is true and accurate.

SEAL

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Notary Public, State of Maine (print name)

My commission expires: \_\_\_\_\_