

## Town of Madison Shoreland Zoning Application for Permit

Applicant Name:  Address  Phone  Email	
Property Owner:  Address  Phone  Email	
Address/location of property (describe or indicate on a map)  Town of Madison Tax Map # _____ Lot # _____	
Existing use of property:	
Is property part of a subdivision?      Yes _____ No _____	
Proposed uses:  <input type="checkbox"/> Residence <input type="checkbox"/> Accessory Building <input type="checkbox"/> Pier or Dock: Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> <input type="checkbox"/> Clearing approved for construction <input type="checkbox"/> Private sewage disposal system <input type="checkbox"/> Filling or other earth-moving activity of less than 10 cubic yards <input type="checkbox"/> Other: _____	
Type of sewage disposal Existing:  Proposed:	

Percentage of the lot to be occupied by structures:	
Lot Width: _____ Lot Depth: _____ Lot Area: _____	
Structures: Exterior Dimensions (length and width) Residence: _____ x _____ (number of stories _____) Garage: _____ x _____ Other: _____ x _____	
Please attach copies of the following: <input type="checkbox"/> Plumbing Permit <input type="checkbox"/> Any official decisions or pending applications regarding this property <input type="checkbox"/> Any supplemental information valuable to Planning Board decision	
To the best of my knowledge, all information submitted on this application is true and correct. All proposed uses will be in conformance with the application and the Shoreland Zoning Ordinance (Chapter 478):  Signature _____ Date: _____	

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(official use only – maintain as a permanent record)

Date received: \_\_\_\_\_ Fee paid: \_\_\_\_\_

Date of action by Planning Board: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

If application was denied, reason for denial:

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If application was approved, the following conditions and safeguards are prescribed:

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Planning Board Signatures

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