

TOWN OF CARRABASSETT VALLEY  
1001 CARRIAGE ROAD  
CARRABASSETT VALLEY, ME 04947

207-235-2645 <http://www.carrabassetvalley.org/>

APPLICATION FOR CONDITIONAL USE

APPLICANT

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

INTEREST IN PROPERTY \_\_\_\_\_

OWNER (IF OTHER THAN APPLICANT)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

PROPERTY LOCATION

MAP \_\_\_\_\_ LOT \_\_\_\_\_

MUNICIPAL ZONE \_\_\_\_\_ SHORELAND ZONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CONDITIONAL USE

CONDITIONAL USE REQUESTED (as listed in the regulations governing the zoning district in which the use is proposed)

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The applicant must attach documentation in accordance with Article VII, Conditional Uses, from the Zoning Ordinance of Town of Carrabasset Valley. The following shall be included with this submittal:

- Location Map
- Scale drawings of the lot with the locations of all existing and proposed features
- Other plans and documentation pertinent to the conditional Use requested
- Written documentation in support of Article VII, Section 3. Standards for a Conditional Use Permit, And Section 4. Additional Standards in Shoreland Areas

Signed \_\_\_\_\_ Date \_\_\_\_\_

This application, required documentation, and application fee must be filed with the Town Clerk no later than 11a.m. Thursday, one week prior to the regular meeting of the Planning Board, which is held on the 3<sup>rd</sup> Thursday of the month.