



TOWN OF BUCKSPORT, MAINE

OFFICE OF CODE ENFORCEMENT AND PLANNING
50 MAIN STREET
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Rich in heritage, looking to the future

E-MAIL: CEO@BUCKSPORT.BIZ

NOTIFICATION OF INTENT TO SUBDIVIDE PROPERTY

APPLICANT NAME: _____

MAIL ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

COMPLETE BELOW IF THE APPLICANT IS NOT THE PROPERTY OWNER

PROPERTY OWNER: _____

MAIL ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

INFORMATION CONCERNING THE PROPERTY TO BE SUBDIVIDED:

TAX MAP & LOT NUMBER OF THE PARCEL(S): _____

TOTAL SIZE OF PROPERTY (ACRES OR SQ. FT.): _____

THE PROPERTY CONTAINS:

FLOODPLAIN ZONING YES NO

SHORELAND ZONING YES NO

WETLANDS YES NO

ZONING DISTRICT(S) _____

STREET(S) PROVIDING ACCESS TO PROPERTY: _____

INFORMATION CONCERNING PROPOSED SUBDIVISION:

NAME OF SUBDIVISION: _____

TYPE OF DEVELOPMENT: 1 OR 2 FAMILY RESIDENTIAL
 MULTI-FAMILY RESIDENTIAL
 COMMERCIAL

NUMBER OF PROPOSED LOTS/UNITS: _____

PROPOSED UTILITIES: PUBLIC PRIVATE

PLEASE ATTACH THE FOLLOWING ADDITIONAL REQUIRED INFORMATION TO THIS APPLICATION:

1. EVIDENCE OF RIGHT, TITLE OR LEGAL INTEREST IN THE PROPERTY
2. SKETCH PLAN TO COMPLY WITH APPENDIX C SUBDIVISION ORDINANCE, SECTION 7.2.

I HEREBY STATE THAT THE ABOVE INFORMATION AND ATTACHED DOCUMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

DATE