



Lamoine Board of Appeals

606 Douglas Hwy
 Lamoine, ME 04605
 (207) – 667-2242
 town@lamoine-me.gov

APPEAL or VARIANCE APPLICATION

Applicant's Name: _____ Tax Map # _____ Lot # _____

Property owner's name (if different) _____

Mailing Address

Physical Address (if different)

Telephone (H) _____ (C) _____ (W) _____

Email Address: _____

Type of Appeal: (check one)

Applicable Ordinance (check all that apply)

Administrative*

Building & Land Use

Variance Request

Shoreland Zoning Ordinance

*If Administrative, what decision making authority is being appealed?

Gravel Ordinance

Code Enforcement Officer/LPI

Site Plan Review Ordinance

Planning Board

Other _____

Other

For Administrative Appeals:

This application is for a decision or lack of decision by the above party because the applicant believes:

<input type="checkbox"/> An error was made in the denial of a permit	<input type="checkbox"/> Denial of a permit was based on a misinterpretation of an ordinance	<input type="checkbox"/> There is a failure to approve or deny a permit within a reasonable period of time
<input type="checkbox"/> Other (please state reason)		

(continued on other side)

Lamoine Appeal or Variance Application

For Variance Requests:

Please describe the nature of the variance you are requesting:

For a variance to be granted, four criteria must be met. Please explain how your situation meets each of the following criteria: (you may attach additional pages)

- The land in question cannot yield a reasonable return unless the variance is granted.

- The need for a variance is due to the unique circumstances of the property and not to the general conditions of the neighborhood.

- The granting of a variance will not alter the essential character of the locality.

- The hardship is not the result of action taken by the appellant or a prior owner.

I certify the information contained in this application and any supplements is true and correct.

Date _____ *Signature* _____

(Application Fee is \$50.00, payable to the Town of Lamoine)

For town staff/Appeals Board Use Only – Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card			
Dated Rec'd By:		Date Sent to Appeals Board By:	
Initial Hearing Date		Date of abutter notification By:	
Public Hearing Notices mailed by:		Newspaper Ad Date(s) By:	
<input type="checkbox"/> Appeal Approved (Date)		<input type="checkbox"/> Appeal Denied (Date)	