



# Lamoine Board of Appeals

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

**received**  
7/17/18

## APPEAL or VARIANCE APPLICATION

Applicant's Name: Reano Arvois Tax Map # 16 Lot # 46

Property owner's name (if different) \_\_\_\_\_

Mailing Address

Physical Address (if different)

102 MARLBORO BOX RD

LAMOINE ME

04605

Telephone (H) 8

(C) 801 638 7697 (W) \_\_\_\_\_

Email Address: RA0094@YAHOO.COM

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:

An error was made in the denial of a permit

Denial of a permit was based on a misinterpretation of an ordinance

There is a failure to approve or deny a permit within a reasonable period of time

Other (please state reason)

CEO ISSUED CERTIFICATE OF COMPLETION EVEN THOUGH SEPTIC SYSTEM IS INADEQUATE FOR STRUCTURE

(continued on other side)

AT THE TRUE PROPERTY.

## 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 7/12/19

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 checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card			
Dated Rec'd By: <u><i>J. Manduca</i></u>	<u>7/17/19</u>	Date Sent to Appeals Board By: <u><i>8- email</i></u>	<u>7/17/19</u>
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)		