TOWN OF
SCARBOROUGH, MAINE

ZONING BOARD OF APPEALS APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

The Zoning Board of Appeals meets the second Wednesday of every month at 7PM. All materials pertaining to the application must be submitted to the Planning and Code Enforcement Office no later than four weeks prior to the meeting on Wednesday at 5pm.

All applications shall be accompanied by two (2) copies and an electronic submission of a cover letter, submission checklist and all supplementary materials as required per the type of appeal/variance/special exception being requested. Plans must be folded and all submittals shall be collated.

Submittals for the Zoning Board of Appeals will not be accepted or placed on the agenda unless all the appropriate criteria are addressed in writing.

A fee of $250 payable to the Town of Scarborough is required at the time the application is submitted.

Required electronic submissions should be emailed to:
planningdepartment@scarboroughmaine.org.

APPLICATION TYPE

- ☐ **Administrative Appeal**
- ☐ **Miscellaneous Appeal**
- ☐ **Practical Difficulty Appeal**
- ☐ **Variance Appeal**
- ☐ **Limited Reduction of Yard Size Appeal**
- ☐ **Special Exception**

Pre-application Date: _____

If you have not had a pre-app please contact the Planning Department at planningdepartment@scarboroughmaine.org.

PROPERTY INFORMATION

Address: _____

Tax Map & Lot Number: _____ **Zoning District:** _____

Is the property located in a Shoreland Zone? Yes ____ **No** ____

Is the property located in a Flood Zone? Yes ____ **No** ____

OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

City: _____ **State and Zip:** _____

Telephone: _____ **Email:** _____

Name of Representative (if other than property owner): _____

Representative Mailing Address: _____

City: _____ **State and Zip:** _____

Telephone: _____ **Email:** _____

APPLICATION SUBMISSION

I, the undersigned, certify that the information contained in this application and the supporting documentation is true, accurate, and correct to the best of my knowledge.

Preparer's Signature: _____

Printed Name: _____ **Date:** _____

Please identify yourself (check one): Agent* _____ **Property Owner** _____

***(If you are an agent, written authorization from the property owner must be attached to this form.)**