



SOURCE WATER PROTECTION ORDINANCE PERMIT APPLICATION

TOWN OF CASTINE
P.O. BOX 204 – 67 COURT STREET
CASTINE, MAINE 04421

PHONE (207) 326-4502; FAX (207) 326-9465 EMAIL: townoffice@castine.me.us

CEO Use Only
RECEIVED
By _____
Date _____

NOTE: This application is for a Permit pursuant to the *Castine Source Water Protection Ordinance*. It is the applicant's responsibility to obtain and submit all material and information required by the Ordinance and to obtain any permits or approvals required by other regulations applicable to this activity. **Please Note: The Utility Board can not act on an incomplete application.**
The property owner grants the CEO and Utility Board reasonable access to the property as provided in § 15.5. The property owner and owner's agent, by submission of this application, acknowledge this notice.

• **PROPERTY OWNER** CHECK (✓) IF APPLICANT
NAME: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____ PHONE: _____
EMAIL ADDRESS (IF APPLICANT): _____

• **OWNER'S AGENT** CHECK (✓) IF APPLICANT
NAME: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____ PHONE: _____
EMAIL ADDRESS (IF APPLICANT): _____

• **PROPERTY INFORMATION**
TAX MAP # _____ LOT # _____ STREET ADDRESS _____

• **PERMIT INFORMATION**
 INITIAL PERMIT PERMIT RENEWAL

• **ACTIVITY INFORMATION (CHECK ALL APPLICABLE ITEMS)**
 ZONE 1 RESIDENTIAL APPLICATION OF PESTICIDES AND FERTILIZERS
 ZONE 2 NON-RESIDENTIAL APPLICATION OF PESTICIDES AND FERTILIZERS
 FLOODING OR MINING OF LAND OTHER ACTIVITY

• **DESCRIBE PROPOSED ACTIVITY:** _____

• **CERTIFICATION**
I CERTIFY THAT ALL INFORMATION CONTAINED HEREIN AND ON ANY ATTACHMENTS IS TRUE AND CORRECT AND UNDERSTAND THAT ANY FALSE INFORMATION WILL INVALIDATE THE PERMIT AND STOP THE ACTIVITY.

SIGNATURE OF APPLICANT

DATE

FOR UTILITY BOARD USE

THIS APPLICATION IS:

- APPROVED**
- APPROVED WITH CONDITIONS**
- DISAPPROVED**

FINDING OF FACTS:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

CONCLUSIONS:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

CONDITIONS OF APPROVAL:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

SIGNATURE OF CHAIRMAN

DATE

SIGNATURE OF BOARD MEMBER

SIGNATURE OF BOARD MEMBER

SIGNATURE OF BOARD MEMBER

SIGNATURE OF BOARD MEMBER