



File #: _____

Land & Building Services

106 Western Ave.
Hampden, ME 04444
207-862-4500
www.hampdenmaine.gov

Application for Zoning District (Map) Amendment

APPLICANT

Name of Applicant (primary contact): _____
Company: _____
Mailing Address: _____
Phone: _____ Cell: _____
Email Address: _____

OWNER

Name of Owner: _____
Mailing Address: _____
Daytime phone: _____

PROPOSAL

Location of Property: _____
Assessor's Tax Map/Parcel Number(s): _____
Current Zoning District: _____ Proposed Zoning District: _____
Acreage of area proposed to be rezoned: _____

If the area of the proposed map amendment does not align with current tax map parcel boundaries, provide a written description of the area:

Proposed development (reason why the map amendment is proposed):

Benefit to the Town if the proposed map amendment is adopted:

Attach a map showing the approximate area of the proposed map amendment in relation to the surrounding area, including current zoning districts.

SIGN

Applicant's signature: _____
Owner's signature: _____
Date: _____

Official Use Only:

Application Fee: \$ _____ Date Paid: _____ Check #: _____
Public Notice Fee: \$ _____ Date Paid: _____ Check #: _____ Date of Public Hearing: _____
Decision of Planning Board: _____