



Code Enforcement Office  
 6 Church St., Gardiner, ME 04345  
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Office Hours  
 Monday 8:00 AM–4:00 PM  
 Tuesday 8:00 AM–4:00 PM  
 Wednesday 12:00–6 PM  
 Thursday 8:00 AM–4:00PM  
 Friday 8:00 AM–12:00 PM

**LAND USE AND MULTI-PURPOSE PERMIT APPLICATION**

	<b>Applicant</b>	<b>Owner</b> ( <input type="checkbox"/> Same as Applicant)	<b>Contractor</b> ( <input type="checkbox"/> Same as Applicant)
<b>Name</b>			
<b>Address</b>			
<b>City, State, Zip</b>			
<b>Phone</b>			
<b>Email</b>			

**Application Instructions:** Complete all sections of application, including any additional forms noted. The Applicant must prove that the proposed activity conforms with the City's land use ordinance (LUO 4.9.3). A permit will be issued only if the application is deemed complete and has been reviewed and fully complies with all the provisions of the LUO (4.9.4).

**Property Address or Location:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_

PROPERTY USE TABLE (LUO 7.6)			PROJECT INFORMATION	
	<b>Existing</b>	<b>Proposed</b>	<b>BUILDING:</b> <input type="checkbox"/> <b>COMMERCIAL</b> (add Form 03) <b>OR</b> <input type="checkbox"/> <b>RESIDENTIAL</b> (add Form 04)	
Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<b>Additional- General:</b>	<input type="checkbox"/> Address/E-911(add Form 05)
Educational	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Change of Use (add Form 06)
Governmental	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Demolition/Removal (add Form 07)
Industrial	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Driveway Entrance (add Form05)
Institutional	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Excavation (add Form 08)
Other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Floodplain (add Form 09)
Rural	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Home Occupation (add Form 10)
Residential	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Internal (use HHE 211)
Transportation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Sewer (add Form 15)
Wholesale	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Shoreland (add Form 12)
			<b>Plumbing:</b>	<input type="checkbox"/> Sign (add Form 13)
				<input type="checkbox"/> Sludge Management (add Form 14)
				<input type="checkbox"/> Street Opening (add Form 05)
				<input type="checkbox"/> Water (add Form 15)
				<input type="checkbox"/> Subsurface (use HHE 200)

**Is Applicant not owner?** Add authorizing letter from Property Owner (LUO 4.9.2)

**Is work exterior?** Add Site Plan for Permit Application (Form 02)

*By signing below, I agree that the information provided is complete and correct and that my project will adhere to applicable State and City land use laws and regulations. I agree to future inspections by the Code Enforcement Officer at reasonable hours.*

**Applicant Signature**

**Date**

Form01\_LandUseMultiPurposeApp

Date Received: \_\_\_\_\_

Original copy for property file

Address: \_\_\_\_\_

Tax Map & Lot #: \_\_\_\_\_

Zoning District: \_\_\_\_\_

**CITY OF GARDINER, MAINE – HOME OCCUPATION PERMIT APPLICATION**

Business Description:			
What portion of the home/accessory structure will be used?			
YES		NO	Will this include the use of two or more rooms?
YES		NO	Will you employ non-family members? If yes, list names below:
YES		NO	Will traffic generation increase from what is otherwise normal for a residential area? Vehicle trips per day: _____ Number and type of traffic (e.g. customers, delivery trucks): _____
YES		NO	Do you agree that delivery of goods will be between the hours of 8:00 AM and 6:00 PM?
YES		NO	Will deliveries be made only by package carrier services?
YES		NO	Exterior storage of materials related to Home Occupation? If yes, please explain:
			Proposed advertising or sign on premises? If yes, explain content, size, location, materials:
YES		NO	Any noise, waste discharge, smoke, dust, odors, associated with Home Occupation? If yes, explain:
YES		NO	Exterior property changes? If yes, explain:
YES		NO	On site sale of retail goods? If yes, indicate location and proposed square footage: (Include floor plan)
YES		NO	Proposed parking location (Submit Plan):
YES		NO	Proposed vehicular Entrance/Exit (Indicate on Plan):
YES		NO	Hours and Days of operation:
YES		NO	Will your Home Occupation involve work or services performed away from the home? If yes, by signing this document you agree to abide by the following standards: A. The dwelling is used primarily as an office. B. No more than one person outside of the immediate family, permanently residing on the premises, is directly employed to work within the dwelling. C. More than one outside employee is allowed provided they work exclusively away from the premises. D. The premises is not used to store or park any vehicle or equipment for employees who work off the premises.

Address: \_\_\_\_\_

Tax Map & Lot #: \_\_\_\_\_

Zoning District: \_\_\_\_\_

**FEE: \$25.00**

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_