



TOWN OF KENNEBUNKPORT, MAINE

APPLICATION FOR ACTIVITIES AND LAND USE PERMIT

Permit # _____ Date _____ Zone _____

Map _____ Block _____ Lot _____ **DIG SAFE 888-344-7233** _____

Please type or print clearly in ink. All of the questions on this form must be answered or checked N/A (non-applicable). Incomplete forms will be returned to the applicant.

Property Owner _____ Phone _____

Applicant (if other than owner) _____

Mailing Address _____

Project Location _____ Area of Property _____
(Square Footage or Acreage)

1. Type of Permit Requested:

- | | |
|---|---|
| <input type="checkbox"/> Filling* | <input type="checkbox"/> Timber Harvesting* |
| <input type="checkbox"/> Grading* | <input type="checkbox"/> Clearing for Approved Construction |
| <input type="checkbox"/> Curb Cut** | <input type="checkbox"/> Road Construction |
| <input type="checkbox"/> Dredging* | <input type="checkbox"/> Piers, Docks & Water Projects* |
| <input type="checkbox"/> Earth Moving | <input type="checkbox"/> Tent Permit |
| <input type="checkbox"/> Mineral Exploration* | <input type="checkbox"/> Other (explain below) |

2. Statement of work _____

3. Is the proposed work in any of the following zones?

- | | | |
|---------------------------|------------------------------|-----------------------------|
| Resource Protection Zone* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shoreland Zone* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Flood Zone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sand Dunes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

***May require Planning Board Approval**

****Requires Highway Superintendent & Police Chief Approval**

Application for Activities and Land Use Permit (cont.)

4. Is approval by the Department of Environmental Protection required before beginning any work on this project? ☐ Yes ☐ No

5. Is approval by Army Corp of Engineers required before beginning any work on this project? ☐ Yes ☐ No

(Please note - if yes, you must furnish a copy of the approval)

7. Name of Contractor *(must be certified in erosion control practices through DEP and provide certificate #)* _____

Address _____

8. Will the proposed work require blasting? ☐ Yes* ☐ No * If yes, a Blasting Permit is required.

*If the work to be done is in the Shoreland or Resource Protection Zone, the owner/applicant must supply all information required under Article 5 of the Land Use Ordinance.

*Attach or draw a site plan showing the size and location of all the construction, distances from lot lines, and the established streets, distances from marsh, water, brooks, ponds and wetlands. The undersigned certifies that the information on this permit is accurate.

Owner Date Applicant Date

Date Received _____ Permit Approved _____ Permit Denied _____

Permit Fee _____

Code Enforcement Officer Date

**Necessary for Curb Cut

Highway Superintendent Date

**Necessary for Curb Cut

Police Chief Date