

# TOWN OF CASCO

635 Meadow Road  
Casco, ME 04015



## SHORELAND PROJECT PERMIT APPLICATION

### FOR OFFICIAL USE ONLY

|                |  |
|----------------|--|
| Date Received  |  |
| Zoning         |  |
| Property ID    |  |
| Estimated Cost |  |
| Permit Fee     |  |
| Receipt Number |  |
| Reviewed By    |  |

Permit Number: \_\_\_\_\_

1. Please attach all required information detailed on the application check list.
2. If you have questions about what is required in order to obtain a permit, contact the Code Enforcement Office.
3. DEP Certification is required for projects in Shoreland Zoning.

|                               |  |
|-------------------------------|--|
| PROJECT ADDRESS:              |  |
| PARCEL ID#:                   |  |
| ESTIMATED COST:               |  |
| CURRENT USE:                  |  |
| PROPOSED USE:                 |  |
| PLEASE DESCRIBE YOUR PROJECT: |  |

☐ Soil Disturbance

☐ Dock

☐ Tree Cutting

☐ Other

### PROPERTY OWNER INFORMATION

|                  |  |
|------------------|--|
| OWNER NAME:      |  |
| MAILING ADDRESS: |  |
| PHONE NUMBER:    |  |
| EMAIL ADDRESS:   |  |

### CONTRACTOR OR APPLICANT INFORMATION

|                    |  |
|--------------------|--|
| CONTRACTOR NAME:   |  |
| MAILING ADDRESS:   |  |
| PHONE NUMBER:      |  |
| EMAIL ADDRESS:     |  |
| DEP CERTIFICATION: |  |

### PLEASE ATTACH ALL OF THE INFORMATION REQUIRED ON THE PERMIT CHECKLIST

*I hereby certify that I am the Owner of Record of the named property, or that the owner of record authorizes the proposed work, and I have been authorized by the owner to make this application as his/her authorized agent. I agree to confirm to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Officials shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.*

|                      |             |
|----------------------|-------------|
| Applicant Signature: | Date: _____ |
|----------------------|-------------|



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(207) 627-4298

### APPLICATION CHECKLIST

**ALL OF THE FOLLOWING INFORMATION IS REQUIRED AND MUST BE SUBMITTED FOR ALL SHORELAND ZONING PERMIT APPLICATIONS.**

- Scaled plot plan with all lot lines and existing and proposed changes.
- Tree cutting applications must include a scaled plot plan with all lot lines clearly labeling each tree requesting to be cut, their type, and diameter.
- All contractors disturbing more than one cubic yard of dirt must provide a DEP Certification number.
- Right, Title, or Interest for proposed application.

Examples of the above requirements are available online at:  
[www.cascomaine.org](http://www.cascomaine.org)