

City of Caribou Site Design Review Application Home Occupation

Planning & Code Enforcement 25 High Street Caribou, Maine 04736 (207) 493-5967 kmurchison@cariboumaine.org

Note to Applicant: Complete this application and return it with the required documents. In addition, the required fee must be returned along with this completed application. Make

checks payable to: "City of Caribou," in the amount of \$90.00.

Please print or type all information

E	-mail:			
Lot:	Zone:	Residence Type:		
eeds: Book #	Pa	ge #		
Tota	l sq ft used for bu	isiness:		
Total sq ft of accessory structures: Total sq ft used for business:				
Estimate	d customers/hr	Estimated customers/day		
		ered and estimated impacts on traffic, noise,		
	Lot:E Lot: Peds: Book # Tota : Estimate Iding products	E-mail: Lot: E-mail: Beds: Book # Pa Total sq ft used for but Total sq ft used for but Estimated customers/hr adding products and services offer		

or within 75 feet of any stream? () Yes () No	i a lake, pond, r	iver, or wetland			
Is any portion of the property within a Flood Hazard Zone? () Yes () No					
Indicate any restrictive covenants currently in the deed or lease (or state "No	ne"):				
Water Supply: Private Well () Public Water Supply ()					
Sewage Disposal: Private SSWD () Public Sewer: ()					
Estimated sewage disposal gallons per day: (/ day)					
Do the plans require review by the State Fire Marshal Office? (Attach Barrier Free and Construction Permits from SFMO)	() Yes	() No			
Have the plans been reviewed & approved by the Caribou Fire Chief?	() Yes	() No			
Does the building have an automatic sprinkler system?	() Yes	() No			
Does the building have an automatic fire detection system?	() Yes	() No			
Will customers have access to levels above or below ground floor?	() Yes	() No			
Will the business employ any persons who are not residents of the home? If yes, how many employees?	() Yes	() No			
Does the business require licensure from the State of Maine or other entity?	() Yes	() No			
Are there any other home businesses operating from this residence?	() Yes	() No			
If yes, provide description(s):					
Will the business use explosives, incendiary products/devices, flammable materials, or hazardous chemicals in amounts greater than typical household quantities?	() Yes	() No			
To the best of my knowledge, all of the information submitted in this app	lication is true	and correct.			
Signature of Applicant: I	Date:				

Application Checklist (CEO completes)

Category I, Permitted Home Occupation (reviewed/approved by CEO)

Category II, Conditional Use Home Occupation (reviewed/approved by Planning Board)

1.		A copy of the deed to the property, option to purchase the property, lease, or other documentation to demonstrate applicant's right, title, or interest in the property.			
2.		Names and addresses of all abutting landowners (from assessing office).			
3.		Copy of tax	a card and tax map for property with zoning designation (from assessing office)		
4.		1 complete set of plans, provided in Adobe Acrobat high-resolution .pdf file(s), showing the following:			
	-	a.	Graphic scale and north arrow.		
	-	b.	Location and dimensions of any existing or proposed easements (from deed)		
	-	c.	Size, shape, and location of existing and proposed buildings on the site including dimensions of the buildings and setbacks from property lines.		
	-	d.	Access for Emergency Vehicles, location and layout design of vehicular parking, circulation areas, loading areas, and walkways including curb cuts, driveways, parking space and vehicle turn around areas.		
	-	e.	Location and names of streets adjacent to the proposed development and rights-of-way (from deed).		
	-	f.	Scaled drawing of floor plan(s), showing dimensions of proposed customer areas, work/production areas, and storage areas, along with dedicated living spaces.		
	-	g.	Conceptual treatment of landscaping buffers, screens, and plantings.		
	-	h.	Location of outdoor storage areas, fences, signage and accessory structures.		
	-	i.	All proposed signage and exterior lighting including the location, size and wording of all signs and location and type of exterior lights.		
D	ata Ammlia	eation Data	ained to be Complete by CEO.		
D	ate Applic	anon Detelli	nined to be Complete by CEO:		

The business shall employ only residents of the dwelling unit and up to one non-resident. The business shall be operated entirely within the principle and accessory structures. The business shall occupy no more than 50% of the total floor area of the principle dwelling structure and up to 100% of the total floor area of accessory structures. The business shall not permit customer access on any level other than the ground level of the principle and accessory structures, unless the structures are protected throughout with a State Fire Marshal approved sprinkler system. The business shall not produce any objectionable noise, vibrations, smoke, dust, electrical disturbance, odors, heat, glare or other nuisances. The business shall accommodate off-street parking for clients or customers. The business shall provide means of egress/ingress that are consistent with NFPA Life Safety Code 101 and the Americans with Disabilities Act. Home Occupation Application for: **Decision by the Code Enforcement Officer** The application was: ____ Denied ____ Approved ____ Approved with Conditions Signed: Caribou Code Enforcement Officer **Conditions of Approval: Reason(s) for Denial:**

Category I Home Occupation Evaluation (CEO completes)

	Catogory II Home Occupation Evalu	lation (Planning Board completes)				
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	The business shall not permit customer access on any level other than the ground level of the principle and accessory structures, unless the structures are protected throughout with a State Fire Marshal approved sprinkler system.					
	The business shall not produce any objectionable noise, vibrations, smoke, dust, electrical disturbance, odors, heat, glare or other nuisances.					
	The business shall accommodate off-street parking for clients or customers.					
	The business shall provide means of egress/ingress that are consistent with NFPA Life Safety Code 101 and the Americans with Disabilities Act.					
Home Oc	ccupation Application for:					
	Address:					
Decision	n by the Caribou Planning Board	Date:				
The application	lication was: Denied Approved	—— Approved with Conditions				
Signed:	Chairman, Caribou Planning Board					
Condition	ons of Approval:					
Reason(s	(s) for Denial:					