

Billing Information	Billing Contact Information
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Designated person/person(s) for uploading to e-Plan:

Name:
e-mail:

Name:
e-mail:

Name:
e-mail:

CRITERIA FOR AN ADMINISTRATIVE AUTHORIZATION

(see Section 14-523(4) on the last page)

Applicant's Assessment

Y(yes), N(no), N/A

- | | |
|---|---|
| a) Is the proposal within the existing structure? | Y |
| b) Are there any new buildings, additions, or demolitions? | N |
| c) Is the footprint increase less than 500 sq. ft.? | Y |
| d) Are there any new curb cuts, driveways or parking areas? | N |
| e) Are the curbs and sidewalks in sound condition? | Y |
| f) Do the curbs and sidewalks comply with ADA? | Y |
| g) Is there any additional parking? | Y |
| h) Is there an increase in traffic? | N |
| i) Are there any known stormwater problems? | N |
| j) Does sufficient property screening exist? | Y |
| k) Are there adequate utilities? | Y |
| l) Are there any zoning violations? | N |
| m) Is an emergency generator located to minimize noise? | N |
| n) Are there any noise, vibration, glare, fumes or other impacts? | N |