



# Town of Brunswick, Maine

INCORPORATED 1739

DEPARTMENT OF PLANNING AND DEVELOPMENT

85 UNION STREET

BRUNSWICK, MAINE 04011-1583

TELEPHONE 207-725-6660

FAX 207-725-6663

## TOWN OF BRUNSWICK FINAL PLAN REAPPROVAL PROCESS

A site plan expires 2 years after the date it was approved by the Planning Board. A subdivision plan expires 5 years after the date of approval by the Planning Board. For both site plans and subdivisions, all work associated with the plan was be completed to the satisfaction of the Town Engineer for the plan to be considered complete.

If a site plan or subdivision project expires without the developer submitting a written request to the Planning Board for an approval extension the following process shall be followed:

- The applicant shall submit an application and 8 copies of the approved plan to the Planning & Development Director along with a letter explaining the reasons why the improvements have not been completed and indicate how the applicant expects to complete the project if reapproval is granted by the reviewing entity.
- The reviewing entity may reapprove the original approval, reapprove the original approval with additional conditions or deny the reapproval. The Planning & Development Director shall provide the applicant with a decision in the form of Findings of Fact within 7 days of the meeting in which the application is heard. A site plan reapproval shall expire two (2) years after the date of reapproval. A subdivision reapproval shall expire five (5) years after the date of reapproval.
- The Planning Board may consider any zoning changes affecting the site when considering a request for reapproval.

### **Application Fee**

A \$200.00 application fees shall be paid for any project requesting a reapproval to a site plan or subdivision:

Case #: \_\_\_\_\_

**FINAL PLAN REAPPROVAL  
APPLICATION**

1. Project Applicant:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_

2. Project Property Owner:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_

3. Authorized Representative: (If Different Than Applicant)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_

4. Physical Location of Property Being Affected:

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

5. Tax Assessor's Map # \_\_\_\_\_ Lot # \_\_\_\_\_ of subject property.

6. Underlying Zoning District \_\_\_\_\_

Applicant's  
Signature \_\_\_\_\_