

Town of Limington
Growth Permit Application

Office Use Only
Date: _____
Time: _____
Fee: _____
Received by: _____

Applicant Information

Name _____
 Address _____
 City, State, Zip _____
 Telephone: _____

Lot Description

Map _____ Lot _____
 Deed Recording: Book _____ Page _____ Date _____
 Intended Use: Single Family 2-Unit 3-Unit 4-Unit Other

Application Requirements

1. Non-refundable administrative fee of \$100.00
2. Documentation establishing applicant's right, title and interest to the property (deed or Affidavit of Purchase and Sale Agreement, see attached).
3. Affidavit of financial resources (see attached).
4. Soil Test and evaluation of suitability for septic and waste water disposal system.

Any person who knowingly provides false information on an application shall be subject to the penalties provided by law and shall not be eligible to apply for a Growth Permit Application for a period of one (1) year.

I understand that this Growth Permit will expire 60 days after the date of issuance and must be re-submitted for consideration if it has not been replaced with a building permit

I certify that all of the above information given by me is true and correct to the best of my knowledge and that I understand all the requirements and restrictions outlined in the Town's Growth Ordinance.

Signature of Applicant

Date

To be completed by Code Enforcement Officer (CEO)

Approved as Complete	Signature	Date/Time
Growth Permit Issued	Issue Date	Expiration Date
Final Action	<input type="checkbox"/> Converted <input type="checkbox"/> Expired	Building Permit # Building Permit Date

Town of Limington
Growth Permit Application

AFFIDAVIT OF PURCHASE AND SALE AGREEMENT

Lot Reference

Map _____ Lot _____

Address: _____

City: _____ State: _____ Zip: _____

Affidavit

It is noted that

_____ of _____
(hereinafter "Seller(s)"), owners of the above-noted property,

and

_____ of _____
(hereinafter "Buyer(s)"), purchasers of the above-noted property,

hereby affirm that there is a written Purchase and Sale Agreement, signed by the Buyer(s) and Seller(s), for the above-noted property, and the answers provided in response to the questions below are accurate and complete.

Questions

1. If the applicant has a deed, was it obtained in exchange for a payment of fair market value?
Yes ___ No ___ If No, was it a gift? Yes ___ No ___ If No, was there some other form
of consideration besides money? Yes ___ No ___ If Yes, what was the other
consideration? _____

Comments:

2. If the applicant has a Purchase and Sale Agreement, does it have a definite closing date?
Yes ___ No ___ If Yes, what date? _____. Does it require a full payment
of fair market value? Yes ___ No ___ If not, is it a gift? Yes ___ No ___ If No, is
there some other form of consideration besides money? Yes ___ No ___ If Yes, what was the
other consideration? _____

Comments:

3. Does the deed or the Purchase and Sale Agreement represent the entire agreement between
The applicant and the seller? Yes ___ No ___ If No, are there other agreements or understandings
(either written or oral) between the applicant and the seller that would alter the applicant's right, title
and interest in the land? Yes ___ No ___

- a. Is the applicant obligated to transfer the land back to the seller? Yes____ No____
- b. Does the seller have the right to revoke the transfer to the applicant? Yes____ No____
- c. Is the applicant obligated to pay anything to the seller in the event of a subsequent sale of the land to a 3rd party? Yes____ No____

Comments:

(Buyer)	(Date)	(Seller)	(Date)
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(Buyer)	(Date)	(Seller)	(Date)
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State of Maine, County of York

The above named parties, proven to be, have signed and dated this document in my presence this _____ day of _____, in the year _____.

Notary Public

Date Commission Expires

MUST BE PERSONALLY SUBMITTED TO C.E.O. FOR APPROVAL

Town of Limington
Growth Permit Application

AFFIDAVIT OF FINANCIAL CAPACITY

Lot Reference

Map _____ Lot _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Affidavit

It is noted that _____ of _____
purchaser(s)/owners(s) of the above-noted property,

hereby affirm that financial resources are available sufficient to meet the building requirements of the
Town of Limington Growth Ordinance for the above-noted property.

Applicant

Date

MUST BE PERSONALLY SUBMITTED TO C.E.O. FOR APPROVAL