

**Town of Otisfield  
Site Plan Determination Form**

If you are planning to start a business in the Town of Otisfield, please answer the following questions so that we may determine which steps you have to take for Town approval.

Map \_\_\_\_\_ Lot # \_\_\_\_\_ Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Name of Property Owner if Different from Applicant \_\_\_\_\_

Proposed Name of Business \_\_\_\_\_

Type of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

1. Is the business incidental and secondary to the primary residential use of the premises?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is there one member of the residential household who owns the business?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Is that person actively involved in the business?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Does that person have control over the business activities?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. How many employees will there be? \_\_\_\_\_ Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_

6. How many of the above employees are immediate family members? \_\_\_\_\_

Non- family members \_\_\_\_\_

7. How many business vehicles with three or more axles will be operated from the premises? \_\_\_\_\_

8. Will off street parking be provided for the employees and customers?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Do you have a subsurface sewage disposal system installed on the premises?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. How much solid waste do you plan to generate per week?

2 cubic yards or less? \_\_\_\_\_ 3 cubic yards or more? \_\_\_\_\_

11. Where do you plan to dispose of any wastes generated by the business?  
\_\_\_\_\_
12. How do you plan to store the waste until it is disposed of?  
\_\_\_\_\_
13. How much hazardous waste will be generated per week? (estimate) \_\_\_\_\_
14. How much liquid waste (other than domestic sewage) will be generated per week?  
\_\_\_\_\_ gallons (estimate)
15. Do you plan to dispose or recycle items in accordance with State Law?  
Yes \_\_\_\_\_ No (please explain) \_\_\_\_\_  
\_\_\_\_\_
16. How many signs do you plan to have? \_\_\_\_\_
17. How large will the sign be? (limited to 8 square feet) \_\_\_\_\_
18. Will the sign be lit? (must be external) Yes \_\_\_\_\_ No \_\_\_\_\_
19. Please describe your business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, all information submitted on this form is true and correct. If any submitted information changes, I realize I may be subject to a Site Plan Review.

\_\_\_\_\_  
Signed, Applicant \_\_\_\_\_  
Date

Please refer to the Otisfield Site Plan Review Ordinance when completing this form. The Ordinance is available in the Town Office.