

APPLICATION FOR AUTOMOBILE GRAVEYARD
AND/OR JUNKYARD PERMIT

MUNICIPAL USE ONLY

Tentative Date of Hearing.....	Application Received.....
Time of Hearing.....	Permit #
Place of Hearing	Fee Paid \$
Notifications sent by.....	Date

To the City of Ellsworth, Hancock County, State of Maine

I/We hereby make an application for a permit to establish, operate or maintain an Automobile Graveyard and/or Junkyard at the following described location and in accordance with the provisions of Title 30A, Sections 3751-3760, Chapter 481, Public Laws 1966.

1. Give location of Automobile Graveyard and/or Junkyard
2. Is the application made by or for a company, partnership, corporation-individual?.....
3. Is this property leased? Property owned by
- Address.....
4. How is "yard" screened? Fence? Type..... Height Trees? Type.....
Embankment? Gully? Hill?..... Other?
5. How far is the edge of the "yard" from the center of the highway?feet
6. Can junk be seen from any part of the highway? Yes..... No.....
7. Were the State Statutes, Requirements and Fees explained to you? Yes..... No.....
8. Is any portion of this "yard" on public property? Yes..... No
9. Is this "yard" within 300 feet of a public Park, Public Playground, Public Bathing Beach, School, Church or Cemetery? Yes..... No.....
10. When was "yard" established?..... By Whom?
11. When was last permit issued? To whom?

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The undersigned certifies that the above information is true and correct to the best of his/her knowledge and that he/she is the owner or agent of the property or that he/she has been duly authorized by the owner, individual, partnership, company or corporation to make this application and to receive the permit under the law. Please draw a sketch of your location and automobile graveyard/junkyard below. Show footage on all sides and location in relationship to adjacent properties. Show distance (in feet) from edge of "yard" to center of highway. Fill in Route Number or Local Road Name. Name of nearest City/Town in each direction. Distance from nearest intersection, bridge or other known reference point.

Signed by : _____ For: _____
Name of Company, Corp, Partnership, Individual

Address: _____

Tax Map No. _____ Lot No. _____ Zone _____

