

APPLICATION FOR AUTOMOBILE GRAVEYARD/ AUTOMOBILE
RECYCLING BUSINESS AND/OR JUNKYARD PERMIT

TOWN OF BROWNVILLE

FOR MUNICIPAL USE ONLY

Tentative Date of Hearing: _____ Application Received: _____

Time of Hearing: _____ Fee Paid \$ _____

Place of Hearing: _____ Permit No.: _____

Notification Sent by: _____ Date: _____

The following application is made for a permit to operate or maintain an Automobile Graveyard, Automobile Recycling Business, and/or Junkyard in accordance with the provisions of Title 30-A, Sections 3751 to 3760, Chapter 183.

Name of Individual or Corporation: _____

If Business or Corporation, please list owner and/or contact: _____

Mailing Address: _____

Telephone
Number(s): _____

Physical Address/Location of Automobile Graveyard, Recycling Business, and/or
Junkyard: _____

Is this application made by or for the following: Individual Corporation
 Partnership Company

Is the property rented or leased? Yes No

If yes, please list owners name and mailing address: _____

How is the "yard" screened?

FENCE Type: _____ Height: _____

TREES Type: _____

EMBANKMENT

GULLY

HILL

OTHER *Please Describe:* _____

How far is the edge of the "yard" from the center of the highway/road? _____

Can junk be seen from any part of the highway/road? Yes No

Was the Junkyard Law, Requirements, and Fees explained to you? Yes No

Is any portion of this "yard" on public property? Yes No

Is the "yard" within 300 feet of a :

| | | |
|----------------------|------------------------------|-----------------------------|
| Public Park | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Public Bathing Beach | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| School | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Church | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cemetery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

When was the "yard" established? _____ By
Whom? _____

When was the last permit issued? _____ To
Whom? _____

Please attach a complete sketch of the "yard". Show footage all sides and location in relationship to adjacent properties. Show distance (in feet) from edge of yard to center of any highways or roads – denoting highway route numbers and local road names. Name the nearest Town in each direction. Please note the distance to nearest intersection, bridge, or other known reference points.

Tax Map Number: _____ Lot Number: _____

The undersigned certifies that the above information is true and correct to 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 a permit under the law.

Signed: _____ For: _____

Printed Name: _____

Please file application in quadruplicate:

- City/Town
- Applicant
- Department of Transportation, Augusta
- Bureau of Motor Vehicles, Dealer Section