

**COMPREHENSIVE PLAN SUBMITTAL FORM**

**Municipal Planning Assistance Program  
Maine Office of Community Affairs**

- 
- I. **Municipality:**  
**Contact Person:**  
**Title:**  
**Address:**  
  
**Phone:**  
**Email:**

Place where comprehensive plan will be available for public inspection:

Address:

Hours:

II. **Certification**

I (we) certify that this comprehensive plan was prepared with the intent of complying with the Growth Management Act (30-A M.R.S.A. § 4312 - 4350.), that it includes all the applicable required elements of the Maine Comprehensive Plan Review Criteria Rule (07-105 CMR 208), and that it is true and accurate.

A paper or electronic copy of the plan has been sent to the following regional council for review and comment: \_\_\_\_\_

**Required Signatures:**

\_\_\_\_\_  
**Chief Elected Official**

\_\_\_\_\_  
**Chairperson, Comprehensive Planning Committee**

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Printed/Typed Name

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Please be sure that your submission includes:**

- The completed and signed Comprehensive Plan Submittal Form (this form)
- The entire Comprehensive Plan must be submitted as a single Adobe Acrobat (.pdf). May be submitted via USB, web link, or email attachment.

**To be accepted for review, the submitted comprehensive plan must include:**

- A vision statement
- A summary of public participation demonstrating compliance with 30-A MRSA §4324
- A regional coordination program
- A future land use plan with associated map(s)
- An implementation section

Please submit materials to:

[tom.miragliuolo@maine.gov](mailto:tom.miragliuolo@maine.gov)

and

[john.brochu@maine.gov](mailto:john.brochu@maine.gov)

**Maine Office of Community Affairs  
Municipal Planning Assistance Program  
Marquardt mailbox #4  
SHS #127  
32 Blossom Lane  
Augusta, Maine 04330**