

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 (08-002 Chapter 1), 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

and

john.brochu@maine.gov

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