

For office use:

60541

Tracking No.

ZP 806

Permit No.

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Fee Received

**Applicant & Agent Information -  
LUPC Application for Zone Change**

**APPLICANT INFORMATION**

Please Print Legibly

Applicant Name(s) Walter Haines		Title (if representing a corporation)	
		Phone [REDACTED]	
Mailing Address P.O. BOX 207		Email [REDACTED]	
Town Phillips	State ME	Zip Code 04966	

**AGENT INFORMATION (If applicable)**

Agent Name(s) Rick Dunton		Phone (207) 897-6752	
Business Name Main Land Development Consultants Inc			
Mailing Address P.O. BOX Q		Email rick@main-landdci.com	
Town Livermore Falls	State ME	Zip Code 04254	

**APPLICANT AND AGENT SIGNATURES**

I have personally examined and am familiar with all information submitted in this application, and to the best of my knowledge, it is true, accurate, and complete. I am aware that there may be significant penalties for submitting false information. I understand that the applicant is responsible for complying with all conditions of any permits issued by the Land Use Planning Commission.

If signing this document on behalf of a corporation, partnership, trust, or other legal entity, I affirm that I am authorized to bind the entity and execute legal agreements on its behalf.

Please check one of the boxes below:

I authorize staff of the Land Use Planning Commission to access the project site as necessary between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

I request that staff of the Land Use Planning Commission make reasonable efforts to contact me in advance to coordinate access to the project site.

**Authorization of Agent by Applicant:** *By signing below, I authorize the individual or business listed above to act as my legal agent in all matters relating to this application.*

Applicant Signature: [REDACTED] Date: 4.1.2026

Agent Signature: [REDACTED] Date: 5/14/26