

December 2022

To Members of the Raymond Planning Board:

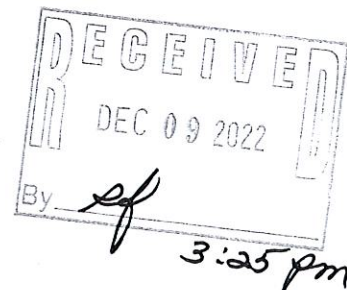
I am submitting a request to construct a support building on the former building lots at 10 County Rd, now combined with 12 County Rd, and part of, for a total of approximately 2.68 acres.

The garage and storage areas are to have no plumbing and be unheated. The builder to observe all codes and setbacks. A complete set of plans and survey map of site to be submitted as soon as possible. The proposed size of structure preferred is to be 60 X 60 subject to surveyed lot size. All affected ground to be restored with native ground cover. See sketch of proposed building design ,and aerial view of location marked with yellow square submitted with this paperwork.

Respectfully ,

Alan Aaskov

sole member ,12 County Rd LLC



Town of Raymond Planning Board Application for Subdivision and Site Review

rev 1-25-17

Property Information

Map 0052 Lot 00 46
Zoning District Shoreland LRR II
Street Address: 12 County Rd.
Deed Reference
Book 39405 Page 252, 253
Parcel Size approx. 2.68 acres

Office Use Only

Filing Fee \$ 100 - Abutter notices \$ TAD
Legal ad fees \$40.00 Fire Department \$ 60.00
Escrow \$ 1500.00 Total fees \$ 2060.00
Fees will be calculated after application is submitted prior to being scheduled for hearing.

Applicant Information

ALAN D. AASKOV
SOLE MEMBER

Name: 12 County Rd. LLC
Address: 11 Roosevelt Trail
Casco, Me. 04015

Telephone: 655-2223
Fax: _____
email: alyssas@fairpoint.net

Note: Attach permission from owner if application not signed by owner.

Agent Information

_____ check here if correspondence should be directed to agent

Name: ALAN D. AASKOV
Address: 11 Roosevelt Trail, Casco, ME.

Telephone: 655-2223
Fax: _____
email: alyssas@fairpoint.net

Owner Information:

Name: 12 County Rd. LLC
Address: _____

Telephone: _____
Fax: _____
email: alyssas@fairpoint.net

Proposed Development (check all that apply)

- _____ Subdivision Site Plan
- _____ Pre-Application Conference
- _____ Preliminary Plan Review
- _____ Final Plan Review
- _____ Other: _____

Project Type:

- _____ Single Family Subdivision
- _____ Multi-family Development
- _____ Commercial
- _____ Industrial
- Other: Garage

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RESIDENTIAL LEASE TERMINATION

Proposed Development Name: N/A

Number of Lots

Number of Units

Alan D. Aaskov (the "Landlord") [Date]
Total Square Footage of Comm./Ind. Bldgs.

c/o Alyssas Motel

Proposed Road Name(s): RT 302

Casco, ME 04015

N/A

[Name] (the "Tenant")

[Address]

Other Approvals Required:

Zoning Board of Appeals: Variance Special Exception
Subject: Termination of Lease and Notice to Vacate for [Address] (the "Premises")
ME Dept. of Environmental Protection

Dear [Name],

The undersigned, being the applicant, owner or legal representative of the property, hereby certifies that all information contained in this application is true and correct to the best of his/her knowledge and submits such information for review by the Town for conformance with all applicable regulations, ordinances, and codes of the town, state and federal government.

In accordance with Maine Rev. Stat. §6002, this Notice of Lease Termination is hereby given, by mail or in hand, and is at least 30 days from the next rental payment date for you to vacate the premises by [Date]. All rents are required through the date of vacancy. The undersigned, by their signature below, authorizes any member of or authorized agent of the Town of Raymond or other review agency to enter the property for the purposes of review of this application. Should Landlord be in possession of any deposits, such deposits will be returned or accounted for to Tenant pursuant to Maine Rev. Stat. §6033 within 30 days of the Landlord's receipt of the Premises.

12 COUNTY ROAD LLC

Sincerely,
Print Name of Property Owner

Alan D. Aaskov
Signature of Property Owner
Landlord

Date

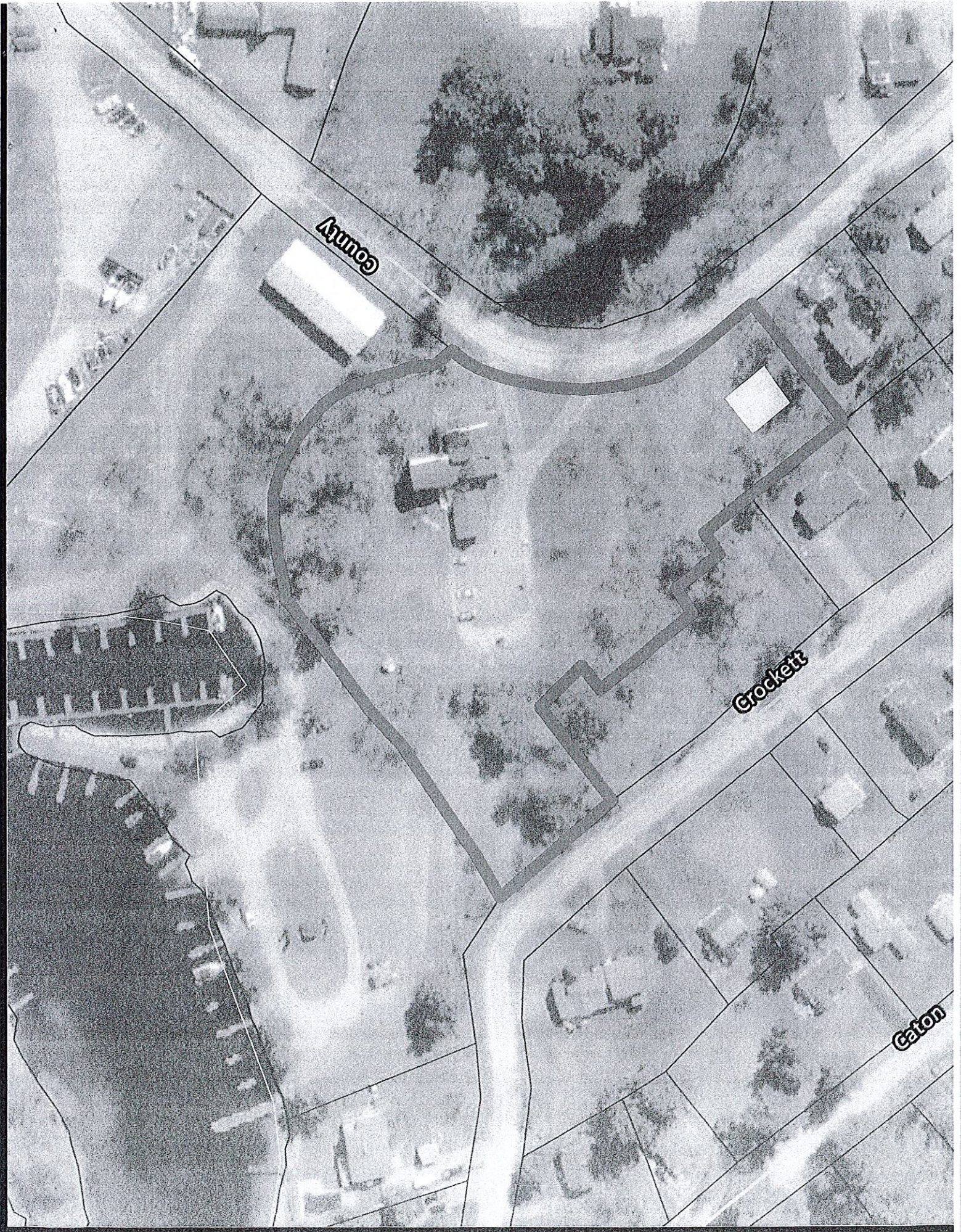
ALAN D. AASKOV

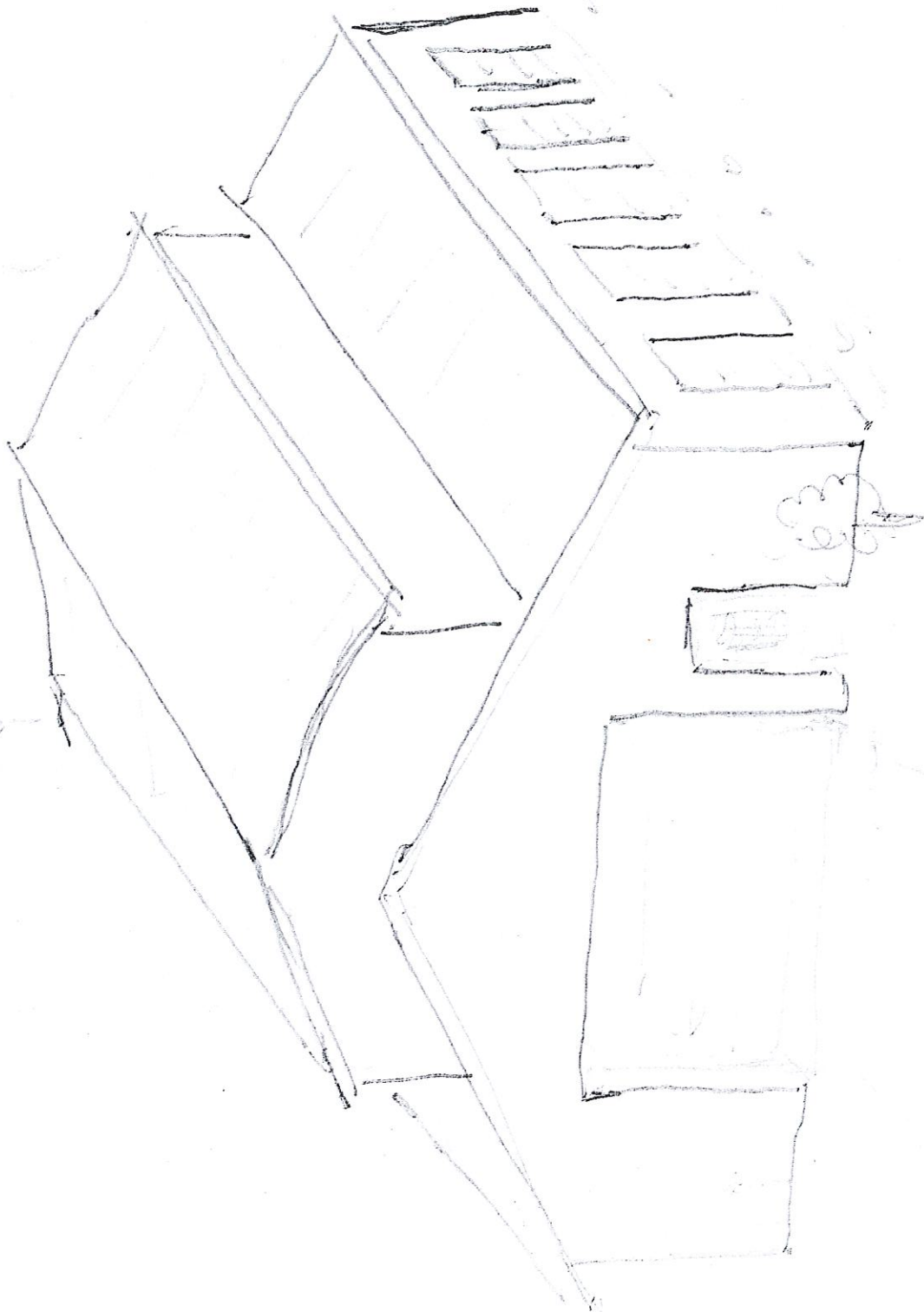
ACKNOWLEDGED AND AGREED:
Print Name of Owner's Agent

Au D Aaskov

[Name]
Signature of Owner's Agent
Tenant

12.9.22
Date





MAINE
LIMITED LIABILITY COMPANY

STATE OF MAINE

CERTIFICATE OF FORMATION

Filing Fee \$175.00

File No. 20235269DC Pages 2
Fee Paid \$ 175
DCN 2222002330044 DLLC
-----FILED-----
06/08/2022

Julie L. Flynn
Deputy Secretary of State

A True Copy When Attested By Signature

Julie L. Flynn
Deputy Secretary of State

Pursuant to 31 MRSA §1531, the undersigned executes and delivers the following Certificate of Formation:

FIRST: The name of the limited liability company is:

12 COUNTY ROAD LLC

(A limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "L.L.C.," "LLC," "L.C." or "LC" or, in the case of a low-profit limited liability company, "L3C" or "l3c" - sec 31 MRSA 1508.)

SECOND: Filing Date: (select one)

- Date of this filing; or
 Later effective date (specified here): _____

THIRD: Designation as a low profit LLC (Check only if applicable):

- This is a low-profit limited liability company pursuant to 31 MRSA §1611 meeting all qualifications set forth here:
- A. The company intends to qualify as a low-profit limited liability company;
 - B. The company must at all times significantly further the accomplishment of one or more of the charitable or educational purposes within the meaning of Section 170(c)(2)(B) of the Internal Revenue Code of 1986, as it may be amended, revised or succeeded, and must list the specific charitable or educational purposes the company will further;
 - C. No significant purpose of the company is the production of income or the appreciation of property. The fact that a person produces significant income or capital appreciation is not, in the absence of other factors, conclusive evidence of a significant purpose involving the production of income or the appreciation of property; and
 - D. No purpose of the company is to accomplish one or more political or legislative purpose within the meaning of Section 170(c)(2)(D) of the Internal Revenue Code of 1986, or its successor.

FOURTH: Designation as a professional LLC (Check only if applicable):

- This is a professional limited liability company* formed pursuant to 13 MRSA Chapter 22-A to provide the following professional services:

(Type of professional services)

FIFTH: The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: _____

(Name of commercial registered agent)

Noncommercial Registered Agent

Alan D. Aaskov

(Name of noncommercial registered agent)

11 Roosevelt Trail, RT 302, Casco, ME 04015

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

SIXTH: Pursuant to ME RSA 3105.2, the registered agent listed above has consented to serve as the registered agent for this limited liability company.

SEVENTH: Other matters the members determine to include are set forth in the attached Exhibit _____, and made a part hereof.

****Authorized person(s)**

Dated 6-6-22



(Signature of authorized person)

ALAN D. AASKOV

(Type or print name of authorized person)

(Signature of authorized person)

(Type or print name of authorized person)

***Examples of professional service limited liability companies are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see 13 MRSA §723.7)**

****Pursuant to ME RSA 3105.1, Certificate of Formation MUST be signed by at least one authorized person.**

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRS 255.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State

Division of Corporations, UCC and Commissions

101 State House Station

Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752

Email Inquiries: corporate@maine.gov