

**PLANNING BOARD**

**TOWN OF FREETOWN, MASSACHUSETTS**

**FORM SPR - APPLICATION FOR SITE PLAN REVIEW**

**Checklist for Applicants:**

The following must be included with all applications for site plan review:

1) Three copies of this form, a copy of the deed to the property, and if the application is submitted by anyone other than the owner, a letter signed in the presence of a notary public authorizing the applicant to act on their behalf.

2) 12 copies of the plan prepared in accordance with the Town of Freetown Subdivision Rules and Regulations and the Town of Freetown Site Plan Review Regulations. All plan copies must be folded.

3) An application fee according to the fee schedule payable to the Town of Freetown. Applicant shall also be responsible for costs associated with advertising and certified mailing of public hearing notices.

4) A PDF electronic file of the plan on a CD including any drainage calculations, Development Impact Statements, or Traffic Studies.

5) A Municipal Lien Certificate

6) A certified abutters list from the Town of Freetown Board of Assessors.

7) Engineering Review deposit

8) Zoning Determination from the Zoning Enforcement Officer/Building Commissioner

**To the Town Clerk of the Town of Freetown Massachusetts:**

The undersigned hereby submits the accompanying Special Permit Application and supporting documents for Special Permit Approval under the Rules and Regulations of the Planning Board adopted hereunder.

1. Applicant:       Tel:

Address:

2. Attorney:       Tel:

Address:

3. Owner:       Tel:

Address:

4. Designer:       Tel:

Address:

5. Plan Entitled:

6. Plan Dated:

7. Project Location:

Address:

8. Assessor Map/Parcel No.      Zoning District:

9. Lot Area:       Number of Lots Proposed:

Total Acreage of Tract       Total Percentage of Lot Coverage Proposed:

10. Total Square Footage of Existing Structures:

Total Square Footage of Proposed Structures:

Combined Square Footage of Existing and Proposed Structures:

11. Total Number of Parking Spaces (Existing):

Total Number of Regular Parking Spaces Proposed:

Total Number of Handicapped Parking Spaces Proposed:

Total Number of Spaces for Deliveries Proposed:

12. Detailed Description of Project (use additional pages as added)

13. Deed of Property Recorded in       Registry of Deeds in Plan Book

Page       Date Acquired     .

14. Estimated Cost of Construction:       Type: new reconstruction  alteration

15. Application Fee – based on fee schedule:

To: Board of Health, Conservation Commission, Planning/Land Use Administrator, Building Inspector, Highway Department, Fire Department, and Police Department.

According to the Special Permit Regulations in the Town of Freetown Protective By-Laws, you have the option to examine and to make recommendations on this plan and to submit your report to the Planning Board office on or before \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (35 days from date of transmittal by the Town Clerk). Recommendations may be indicated directly on the attached plan or on separate cover.

The property owner of record should be present when submitting plans for the Planning Board’s consideration. If the owner is not present, he or she shall be represented by an authorized agent with a notarized letter of authorization. All plans must be prepared and endorsed by a Professional Land Surveyor, licensed in the Commonwealth of Massachusetts.

Owner’s signature and address if not the applicant or applicant’s authorization if not the owner

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**Owner’s Signature Owner’s Address**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner’s Printed Name Owner’s Phone Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Signature Applicant’s Address**

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**Applicant’s Printed Name Applicant’s Phone Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s E-Mail Address Owner’s E-Mail Address**

COMMONWEALTH OF MASSACHUSETTS

Bristol,SS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

On this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 200 , before me, the undersigned Notary Public, personally

appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and

proved to me through satisfactory evidence of identification, which is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that they signed it voluntarily for its stated purpose.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Expires:

Date Received by Town Clerk:

**RECEIVED BY TOWN CLERK**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TIME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**