 **PLANNING BOARD**

**TOWN OF FREETOWN, MASSACHUSETTS**

**FORM SP - APPLICATION FOR SPECIAL PERMIT APPROVAL**

**Checklist for Applicants:**

The following must be included with all applications for special permit approval:

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. **A copy of the application and plans must be submitted to the Town Clerks office.**

2) 10 copies of the plan prepared in accordance with the Town of Freetown Subdivision Rules and Regulations and Special Permit 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, Application Narratives or Traffic Studies.

5) A Municipal Lien Certificate

6) A certified abutters list from the 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

10. Total Square Footage Proposed:       Existing:

11. Total Amount of Parking Spaces:       Regular Spaces:

Handicapped Parking Spaces:

12. Brief 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:

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Board of Health, Conservation Commission, 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. Such plan believed not to require approval 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

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

**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**

COMMONWEALTH OF MASSACHUSETTS

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

On this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20 , 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:

**RECEIVED BY TOWN CLERK**

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

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

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