 **PLANNING BOARD**

**TOWN OF FREETOWN, MASSACHUSETTS**

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

**ARTICLE 11 SECTION 20 SIGNS**

**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 as promulgated under the Town of Freetown Protective Bylaws, Article 11 Section 20, Signs. **A copy of the application and plans shall be filed with the Town Clerk’s office.**

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:       Total Acreage of Tract

10. Brief Description of proposed sign (use additional pages as added)

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

 Page       Date Acquired      .

12. Application Fee – based on fee schedule:

13. Size of proposed sign:       height       width

14. Type of lighting proposed:

15. Setback from front property line      ,

Setback from side property line      ,

Setback from rear property line

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

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

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.

**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**

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

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

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

**Applicant’s E-Mail Address**

COMMONWEALTH OF MASSACHUSETTS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,SS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201

On this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 201 , 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: Date Transmitted by Town Clerk:

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

**RECEIVED BY TOWN CLERK**

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

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

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