

Town of Greenfield
The Commonwealth of Massachusetts
Planning Board

APPLICATION FOR SPECIAL PERMIT

Name of Applicant: _____ Mailing Address: _____

Phone Number: _____ Name of Agent if not the Applicant: _____

Mailing Address of Agent: _____ Phone Number: _____

Location of Project (Street Number & Name): _____

Zoning District property is located in: _____

Name and Mailing Address of PROPERTY OWNER if not the applicant:

Applicant is (Circle One): Agent, Owner, Tenant, Licensee, Prospective Purchaser, Other

Application is hereby made for a Special Permit as under Section(s) _____ of the Zoning Ordinance in order to:

Property Deed recorded under Book _____ Page _____

Has there been a previous variance, special permit, and/or site plan requested for this property (confirm with the Town Clerk's records)? _____ If yes, what was the date of the decision? _____

The following information must be submitted to the Planning Department to consider the application complete:

- ___ 1 original application form filled out in entirety
- ___ 12 copies of the proposed plans
- ___ 1 copy of a certified list of abutters obtained from the Assessor's office

___ A notarized statement from the property owner authorizing action by the applicant.

___ A check made payable to "Town of Greenfield" as indicated in the Fee Schedule

___ A completed "site plan submittal checklist" approved by the Principal Planner/Permits Manager

I hereby request a hearing before the Planning Board with reference to the above noted application.

Signed: _____

Title: _____

Signed: _____

Title: _____

Received by Town Clerk:

Date: _____

Time: _____

Signature: _____

Filing Fee Received: _____

Office use only:

Map & Lot Number: _____

Book & Page Number _____