

**TOWN OF CHARLEMONT
CHARLEMONT PLANNING BOARD
APPLICATION FOR SPECIAL PERMIT**

DATE OF APPLICATION: _____

NAME OF APPLICANT: _____

MAILING ADDRESS OF APPLICANT: _____

PHONE NUMBER: _____ EMAIL: _____

LOCATION OF PROPERTY: _____

PROPERTY IS IDENTIFIED AT REGISTRY OF DEEDS IN:

BOOK #:

MAP #:

PAGE #:

PARCEL #:

APPLICANT IS: OWNER, TENANT, LICENSEE, PROSPECTIVE PURCHASER, ETC.

NOTE: IF APPLICANT IS NOT OWNER, INCLUDE LETTER OF OWNER'S APPROVAL WITH APPLICATION.

REASON FOR REQUEST:

DATE OF DENIAL BY BUILDING INSPECTOR:

APPLICABLE SECTION OF BUILDING/ZONING BY-LAW:

APPLICANT'S SIGNATURE: _____

OWNER'S SIGNATURE, IF DIFFERENT: _____

APPLICANT MUST OBTAIN FROM THE ASSESSORS AND SUBMIT WITH THIS APPLICATION, A CERTIFIED LIST OF ALL ABUTTERS WITHIN THREE HUNDRED FEET (300') OF ALL PROPERTY LINES.

***APPLICANT WILL BE RESPONSIBLE FOR PAYMENT OF NEWSPAPER NOTICE.**

SEND COMPLETED FORMS TO:
CARLENE HAYDEN/CHARLEMONT PLANNING BOARD
P.O. BOX 465
CHARLEMONT, MA 01339

DATE OF RECEIPT BY TOWN CLERK: _____

*****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

_____ Plot plans and floor plans attached.

_____ Abutters list attached.

_____ Check for \$90.00 Special Permit fee plus \$10.00 abutter notice fee included.