

CHELMSFORD PLANNING BOARD

MODIFICATION TO A PREVIOUSLY APPROVED SPECIAL PERMIT (12/07)

MINOR

MAJOR

APPLICANT: £ Developer £ Property Owner £ Business Owner £ Tenant/Leasee £ Buyer

Name: _____

Address: _____

Telephone Number: _____

OWNER: Name: _____

Address: _____

Telephone Number: _____

If applicant is different than owner, a letter of authorization from the owner must accompany this form.

PROJECT CONTACT: Name: _____

Address: _____

Telephone #: _____ Fax: _____

PROJECT LOCATION: Street Address: _____

Assessors' Map: _____ Lot(s): _____

Zoning District(s): _____ Lot Size: _____

Recorded Plans: Book _____ Page _____

DATE OF PREVIOUSLY APPROVED SITE PLAN: _____

DATE OF LAST REVISION: _____

PERMITS / APPROVALS: *Check the appropriate boxes, identify dates of previous and/ or pending approvals and attach copies of decisions.*

Planning Board (Site Plan, Special permit) _____

Zoning Board of Appeals (special permit / variance / finding) _____

Conservation Commission: _____

Historic District Commission: _____

Board of Health _____

Board of Selectmen _____

Signature of Applicant / Agent: _____ Date: _____

Signature by applicant/ agent acknowledges receipt and acceptance of the Planning Board's Site Plan Regulations and Procedures.

For Department Use Only:

Date Complete Filing Received: _____ Reviewed by: _____

Date Hearing Scheduled: _____ Planning Board Action by: _____

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