

**CHELMSFORD PLANNING BOARD
SPECIAL PERMIT (12/07)**

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 _____

PROJECT TYPE: *Check all applicable boxes*

- | | |
|--|---|
| <input type="checkbox"/> Off-street parking & Loading (Article V) | Applicable sub-section(s) _____ |
| <input type="checkbox"/> Landscaping (Article IX) | Applicable sub-section(s) _____ |
| <input type="checkbox"/> Major Business Complex (Article XI) | |
| <input type="checkbox"/> Multi-Family Dwellings (Article XII) | |
| <input type="checkbox"/> Aquifer Protection District (Article XIV) | |
| <input type="checkbox"/> Planned Open Space (Article XVIII) | |
| <input type="checkbox"/> Other _____ | Applicable Zoning Article & Sub-section _____ |

Proposed Use: _____

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

- Zoning Board of Appeals (special permit / variance / finding) _____
- Conservation Commission: _____
- Historic District Commission: _____
- Board of Health _____
- Board of Selectmen _____

Date of filing with Planning Board made to Town Clerk: _____

Signature of Applicant / Agent: _____ Date: _____

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

For Department Use Only:

Date Complete Filing Received: _____ Reviewed by: _____

Date Hearing Scheduled: _____ Planning Board Action by: _____