



# TOWN OF DIGHTON

PLANNING BOARD  
979 SOMERSET AVENUE  
DIGHTON, MA 02715

PETITIONER:  
NAME:  
ADDRESS:

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LOCATION (from Assessors' Office)  
PLAT AND  
LOT NOS.

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| PRESENT ZONING | First Record Date<br>Planning Board Use Only |
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|                       |                 |
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| DATE OF THIS DOCUMENT | FILE:<br>TITLE: |
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## APPLICATION FOR SITE PLAN REVIEW

File two (2) completed copies of this application with the Planning Board and within three (3) days thereafter submit a copy to the Board of Health, Board of Appeals, Building Commissioner, Town Engineer and Conservation Commission in accordance with the Zoning Bylaws. The filing fee as calculated by the Fee Schedule, made payable to the Town of Dighton.

To the Dighton Planning Board:

TITLE OF PLAN: \_\_\_\_\_

PLAN DATED: \_\_\_\_\_

SUBJECT PROPERTY ADDRESS: \_\_\_\_\_

ASSESSOR'S MAP/LOT(s): \_\_\_\_\_

ALL APPLICABLE ZONING DISTRICTS: \_\_\_\_\_

PROPOSED USES FOR THIS PROPERTY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TOTAL LOT AREA: \_\_\_\_\_ TOTAL FRONTAGE: \_\_\_\_\_

EXISTING STRUCTURE(s) \_\_\_\_\_ S.F.

PROPOSED STRUCTURE(s) \_\_\_\_\_ S.F.

TOTAL # OF PARKING SPACES REQUIRED: \_\_\_\_\_

TOTAL # OF PARKING SPACES PROPOSED: \_\_\_\_\_

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ATTACH A LIST OF VARIANCES REQUESTED, IF ANY. (Variances may require relief from the Zoning Board of Appeals)

SPECIAL PERMIT APPLICATION/FEE SCHEDULE, IF APPLICABLE, SHALL BE SUBMITTED IN CONJUNCTION WITH THIS SITE PLAN REVIEW APPLICATION.

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I HAVE READ SECTION 5400, SITE PLAN REVIEW OF THE DIGHTON ZONING BYLAWS, AND I AM SUBMITTING THIS APPLICATION WITH ACCOMPANYING PLANS AS REQUIRED. EXCEPT FOR THE ATTACHED LIST OF VARIANCES (IF ANY), IT IS MY BELIEF THAT THE PLANS COMPLY WITH SECTION 5400. I HAVE NOTIFIED TENANTS AND PARTIES (IF ANY) WHO HAVE AN INTEREST IN OR ARE AFFECTED BY THE PROPOSED PLAN.

Received by the Planning Board:  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Signature: \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
Applicant's Address \_\_\_\_\_  
Applicant's Phone # \_\_\_\_\_  
Signature: \_\_\_\_\_

Received by the Town Clerk:  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Signature: \_\_\_\_\_

Owner's name, address and signature for authorization  
(if other than applicant)  
Owner's Name \_\_\_\_\_  
Owner's Address \_\_\_\_\_  
Owner's Phone# \_\_\_\_\_  
Signature: \_\_\_\_\_

Checklist of items to be submitted with application.

1. \_\_\_\_\_ Application Form (x2)
2. \_\_\_\_\_ Application Fee (please refer to Fee Schedule)
3. \_\_\_\_\_ Project Review Fee (please refer to Fee Schedule) & Completed W-9
4. \_\_\_\_\_ Tax Status Application Form
5. \_\_\_\_\_ Plans (See applicable Zoning Bylaws for Specific Requirements)
6. \_\_\_\_\_ Completed Receipt for Special Permit Application/Site Plan Review (within 3 working days of the submittal date)