



TOWN OF DIGHTON
PLANNING BOARD
979 SOMERSET AVENUE
DIGHTON, MA 02715

PETITIONER:
NAME:
ADDRESS:

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

PRESENT
ZONING

First Record Date
Planning Board Use Only

DATE OF THIS
DOCUMENT

FILE:
TITLE:

APPLICATION FOR SPECIAL PERMIT

File two (2) completed copies of this application. One (1) copy with the Planning Board and one (1) copy with the Town Clerk in accordance with the Zoning Bylaws. The filing fee as calculated by Appendix A, made payable to the Town of Dighton.

To the Dighton Planning Board:

PROJECT NAME: _____
SUBJECT PROPERTY ADDRESS: _____
ASSESSOR'S MAP/LOT(s): _____
ALL APPLICABLE ZONING DISTRICT: _____
TITLE OF PLAN: _____
PLAN DATED: _____
DESCRIBE WHAT IS PROPOSED FOR THIS PROPERTY:

STATE THE EXACT NATURE OF ACTION OR RELIEF REQUESTED BY THIS APPLICATION AND CITE THE APPLICABLE BYLAW(s) AND/OR BYLAW SECTION(s):

DESCRIBE HOW THIS APPLICATION MEETS THE CRITERIA FOR A SPECIAL PERMIT AS DESCRIBED IN THE APPLICABLE SECTION(s) OF THE DIGHTON ZONING BYLAWS:

THE UNDERSIGNED HEREBY CERTIFIES THAT THE INFORMATION ON THIS APPLICATION AND PLANS SUBMITTED HERewith IS CORRECT, AND THAT THE APPLICATION COMPLIES WITH ALL APPLICABLE PROVISIONS OF STATUTES, REGULATIONS AND BYLAWS TO THE BEST OF HIS/HER KNOWLEDGE.

THE ABOVE IS SUBSCRIBED TO AND EXECUTED BY THE UNDERSIGNED UNDER THE PENALTIES OF PERJURY IN ACCORDANCE WITH M.G.L. Ch. 268, §1-A.

Received by the Planning Board:

Date: _____

Time: _____

Signature: _____

Applicant's Name _____

Applicant's Address _____

Applicant's Phone # _____

Signature: _____

Owner's name, address and signature for authorization
(if other than applicant)

Received by the Town Clerk:

Date: _____

Time: _____

Signature: _____

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. _____ Certified Abutters List
7. _____ Completed Receipt for Special Permit Application/Site Plan Review (within 3 working days of the submittal date)