



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

PETITIONER:

NAME:

ADDRESS:

LOCATION (from Assessors' Office)

PLAT AND

LOT NOS.

PRESENT

First Record Date

ZONING

Planning Board Use Only

DATE OF THIS

FILE:

DOCUMENT

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 AN 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: _____

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