



CITY OF ATTLEBORO, MASSACHUSETTS

Planning Board

Government Center, 77 Park Street

Attleboro, Massachusetts 02703

(508) 223-2222 Fax 222-3046

**FORM P4 – APPLICATION
Request For Waiver**

Name of Applicant Filing Form P4: _____

Address & Telephone Number: _____

Signature: _____

Name of Proposed Development: _____

Cite the (sub)section(s) from which
the waiver(s) is/are requested: _____

(Note: No waiver will be considered unless accompanied by an explanation for said relief.)

Date Form P4 Filed: _____

(do not write below this line)

**Lauren Stamatis, Clerk
Planning Board**