



City Of Attleboro PLANNING BOARD

GOVERNMENT CENTER, 77 PARK STREET
DEPARTMENT OF PLANNING & DEVELOPMENT
ATTLEBORO, MASSACHUSETTS 02703
(T) 508.223.2222 (F) 508.222.3046

SITE PLAN REVIEW APPLICATION FOR MINOR PROJECT

File the fully completed original application with the Office of the City Clerk. After filing the original application with Office of the City Clerk, submit a copy of the time-stamped application, the filing fee, as well as all required documents to the Department of Planning and Development in accordance with the requirements of §17-15.0(D) SITE PLAN REVIEW – ADMINISTRATION and §17-15.0(H) SITE PLAN REVIEW – PROCEDURES FOR MAJOR PROJECT SITE PLAN REVIEW of the ZONING ORDINANCE. All necessary materials must be submitted at the time of filing. **AN INCOMPLETE SUBMISSION OR FACSIMILED APPLICATION WILL NOT BE PROCESSED.**

- | |
|---|
| CHECKLIST: |
| <input type="radio"/> Original application |
| <input type="radio"/> 3 Copies of application |
| <input type="radio"/> 6 Copies of Site Plan |
| <input type="radio"/> Filing Fee |

PLEASE PRINT

1. Name of Applicant: _____
Mailing Address: _____
Telephone # and Email Address: _____

2. Name of Property Owner: _____
Mailing Address: _____
Telephone # and Email Address: _____

3. Name of Engineer or Surveyor: _____
Mailing Address: _____
Telephone # and Email Address: _____

4. Location of Property: _____
5. Deed/Property Recorded In: _____
Book: _____ Page: _____
6. Assessor's Plat #(s): _____ Lot #(s): _____
7. Zoning District(s): _____
8. Please describe in detail existing site conditions (use additional paper if necessary).

9. Please describe in detail the proposed project (use additional paper if necessary).

10. Signature of Applicant: _____

11. Signature of Owner: _____

12. Signature of Representative: _____

13. Pursuant of §9.31 DELINQUENT TAXPAYERS of the REVISED ORDINANCES OF THE CITY OF ATTLEBORO, as amended, I attest that, to the best of my knowledge, I have paid any and all real estate taxes, excise taxes, or any other municipal charges.

Signature: _____
Owner

Please note that pursuant to §9.31 DELINQUENT TAXPAYERS of the REVISED ORDINANCES OF THE CITY OF ATTLEBORO, as amended, this application cannot be filed with the Office of the City Clerk or be processed by the Department of Planning and Development unless it is signed or initialed by the City Collector and the City Treasurer.

Debora Marcoccio, City Collector _____

Laura L. Gignac, City Treasurer _____



CERTIFIED LIST OF ABUTTERS

Submit this completed form to the Assessor's Office on the first floor of City Hall (77 Park Street).
The Assessor's Office will call you when your list and mailing labels are ready to be picked up.

City Assessor's or designee's initials: _____ Date: _____

Type of Application: _____

Property Address: _____

Assessor's Plat Map #: _____

Assessor's Plat Lot #: _____

Name of Applicant: _____

Telephone Number: _____

Name of Property Owner: _____

Signature of Property Owner: _____

Telephone Number: _____

THE "ABUTTERS LIST" WILL NOT BE PROCESSED UNLESS TAXES ARE CURRENT.