



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 MAJOR 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 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:

- 2 Copies of application
- 19 Copies of Site Plan
- 2 Certified Lists of Abutters & mailing labels
- 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.

Zaida Keefer, City Collector _____

Laura L. Gignac, City Treasurer _____



CITY OF ATTLEBORO

REQUEST FOR CERTIFIED LIST OF ABUTTERS

TYPE OF APPLICATION

<input type="checkbox"/>	VARIANCE	<input type="checkbox"/>	SPECIAL PERMIT	<input type="checkbox"/>	RE-ZONING	<input type="checkbox"/>	LIQUOR LICENSE	<input type="checkbox"/>	OTHER*
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**If other please specify:* _____

CONSERVATION COMMISSION ABUTTERS APPLICATIONS

<input type="checkbox"/>	WETLANDS PROTECTION ACT / STORMWATER MGMT ORDINANCE	Notify all properties within 100 feet of property line
<input type="checkbox"/>	WETLANDS PROTECTION ORDINANCE	Notify all direct abutters and abutters within 300 feet of property line

PROPERTY ADDRESS: _____ MAP: _____ LOT: _____

PRINTED NAME OF RECORD OWNER: _____

SIGNATURE OF RECORD OWNER: _____

CITY ASSESSOR'S OR DESIGNEE'S INITIALS: _____ DATE: _____

APPLICANT: _____ DATE: _____

PHONE: _____ EMAIL: _____

REASON FOR LIST: _____ DATE LIST NEEDED*: _____

- HEARING BEFORE ZONING BOARD OF APPEALS
- HEARING BEFORE PLANNING BOARD
- HEARING BEFORE CONSERVATION COMMISSION
- HEARING BEFORE CITY COUNCIL
- OTHERS (PLEASE SPECIFY): _____

RADIUS FOR ABUTTERS – (PLEASE CHECK ONE)

- 100 FEET
- 300 FEET
- LIQUOR LICENSE – CHURCHES AND SCHOOLS WITHIIN 500 FEET
- OTHERS (PLEASE SPECIFY): _____

The cost for the Abutters' List is \$20 for the first 25 Abutters and then \$1.00 per each additional Abutter. Unless otherwise specified, we will provide two sets of mailing labels. Stating the reason for your Abutters' List enables us to produce it to the appropriate regulation. The application MUST be signed by the record owner and all taxes must be current to process.

**Please be advised that we have ten days (10) to process your request.*

Date:
Total Amount:



CITY OF ATTLEBORO ABUTTERS' LIST RECEIPT

NUMBER OF ABUTTERS: _____

DEPOSIT AMOUNT: _____

AMOUNT DUE TODAY: _____

TYPE OF PAYMENT: _____