

**TOWN OF CHARLEMONT
CHARLEMONT PLANNING BOARD
APPLICATION FOR SPECIAL PERMIT**

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER: _____ DATE OF APPLICATION: _____

LOCATION OF PROPERTY: _____

PROPERTY IS IDENTIFIED AT REGISTRY OF DEEDS IN:

BOOK #:

PAGE #:

APPLICANT IS:

(OWNER, TENANT, LICENSEE, PROSPECTIVE PURCHASER, ETC.)

NOTE: If applicant is not owner, include letter of owner's approval with application.

REASON FOR REQUEST:

Date of denial by Building Inspector:

Applicable section of Building/Zoning by-law:

APPLICANT'S SIGNATURE: _____

OWNER'S SIGNATURE, IF DIFFERENT: _____

***APPLICANT MUST OBTAIN FROM THE ASSESSORS AND SUBMIT WITH THIS APPLICATION, A CERTIFIED LIST OF ALL ABUTTERS WITHIN THREE HUNDRED FEET (300') OF ALL PROPERTY LINES.

*****ENCLOSE A CHECK FOR \$75.00 PLUS \$8.00 PER ABUTTER*****

SEND COMPLETED FORMS TO:

Carlene Millett

Charlemont Planning Board

157 Main Street, P.O. Box 455

Charlemont, MA 01339

DATE OF RECEIPT BY TOWN CLERK:

*****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

_____ **Plot plans and floor plans attached.**

_____ **Abutters list attached.**