



*Office of*  
**THE PLANNING BOARD**  
 272 Main Street  
 Townsend, Massachusetts 01469  
 978-597-1700 x 1722

**Site Plan Review Special Permit**

(Under Sections 145-42 Site Plan Review Special Permit; 145-39 Open Space Preservation Development (OSPD); 145-47 Open Space Multi-family Development (OSMD); 145-51 Telecommunication and Cellular Towers, 145-53 Adult Use Establishments, 145-65 Special Permits, and 145-86 Ground-Mounted Solar Energy District of the Townsend Zoning Bylaws)

Date: \_\_\_\_\_  
 Name of Project: \_\_\_\_\_  
 Location of Project: \_\_\_\_\_

1. Owner of record:

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Owner's Street Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_

2. Applicant's name and address (if same as owner, write "same")

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Owner's Street Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_

Applicant is: \_\_\_\_\_ Owner \_\_\_\_\_ Agent/Attorney \_\_\_\_\_ Purchaser \_\_\_\_\_ Tenant  
 Other: (Explain) \_\_\_\_\_

If the applicant is not the owner, a Power of Attorney or similar document signed by all owners of the property must be included.

3. Characteristics of Property:

\*Zoning District: \_\_\_\_\_ \*\*Number of Lots: \_\_\_\_\_

\*\*Lot Area \_\_\_\_\_ \*\*Frontage \_\_\_\_\_

\*Map # \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_

\*Recorded, South Middlesex Registry of Deeds: Book Number \_\_\_\_\_ Page Number \_\_\_\_\_

\*Information available from the Assessors Office \*\*If there is more than one lot, please attach a list

4. Please either attach or write a brief description of the nature of this Special Permit for Site Plan Review:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fees:**

<b>Site Plan Review Special Permit or Non-Discretionary Site Plan Review for Solar Energy Installation:</b>	\$ 350 Existing Construction
	\$1,200 New Construction
	\$ 200 Modification or Extension of Permit:
<b>OSPD or OSMD Subdivision</b>	\$1,000
	\$ 600 if filed simultaneously with Definitive
<b>Telecommunication Cell Tower:</b>	\$ 750 New Construction
	\$ 300 Renewal of Cell Tower Special Permit
<b>Adult use:</b>	\$ 2,000

Please make checks payable to the Town of Townsend. Fees are for administrative costs.

Under MGL Chapter 40A and Chapter 44 §53G, the Planning Board may require a deposit payable to the Town of Townsend for the reasonable costs of a consultant/engineer’s peer review or other outside consultant. Funds are held in an interest-bearing account, and unused balances are refundable upon written request at the completion of the project.

The Planning Board may also require the applicant to pay unusual administrative costs, such as copying.

The applicant shall pay the cost of recording any decision at the Registry of Deeds.

Please direct any questions to the Planning Board Assistant at 978-597-1700 x 1722. For zoning or building questions, please contact the Building Commissioner at 978-597-1709.

**Agreement**

- I/we hereby certify that the information on the first page is true and correct based on all the information available to me.
- I/we understand that the Planning Board may require additional information to process this application.
- Any errors in the information provided, or presented by me or my representatives may be cause for denial or revocation of a favorable decision.
- Any relief granted by the Planning Board must be limited to the request made in this application.
- I/we may be represented by counsel at my own expense.
- If this application is denied, it may not be brought before the Planning Board again for two years without prior approval from the Planning Board.
- I/we am/are responsible for all other applications, permits, and approvals that may be required by law.

Project Name: \_\_\_\_\_

*For notarizing additional signatures, please photocopy this page as needed.*

Date: \_\_\_\_\_

**Owner(s):** (1) \_\_\_\_\_  
(Print Name)  
\_\_\_\_\_  
(Signature)

(2) \_\_\_\_\_  
(Print Name)  
\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

**Applicant(s):** (1) \_\_\_\_\_  
(Print Name)  
\_\_\_\_\_  
(Signature)

(2) \_\_\_\_\_  
(Print Name)  
\_\_\_\_\_  
(Signature)

**NOTARY STATEMENT:**

**COMMONWEALTH OF MASSACHUSETTS**  
\_\_\_\_\_ **County**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, and proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person(s) whose name(s) is (are) signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose, in my presence.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Stamp

\_\_\_\_\_  
My Commission Expires