



**TOWNSEND PLANNING BOARD
SITE PLAN REVIEW SPECIAL PERMIT**

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Under Sections 145-42 Site Plan Review Special Permit; 145-39 Open Space Preservation Development (OSPD); 145-47 Open Space Multi-Family Development (OPMD); 145-51 Telecommunication and Cellular Towers; 145-53 Adult Use Establishment; 145-54.1 Age Restricted Development; 145-65 Special Permits; and 145-90 Recreational Marijuana.

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's E-mail: _____

If the applicant is not the owner, a Power of Attorney or similar document signed by all owners must be included. **Request applicant file electronically; include plans and/or sketches in pdf. format to Planning @townsendma.gov**

3. Characteristics of Property:

*Zoning District: _____

** Number of Lots: _____

*Lot Area: _____

**Frontage: _____

*Map # _____ Block # _____ Lot # _____

* Recorded, South Middlesex Registry of Deeds: Book # _____ Page# _____

*Information available from the Assessors Office. **If more than one lot, please attach list.

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

Fees:

Type of Application	Filing Fee
<i>Site Plan Review</i>	
Structures less than 3,000 sq ft	\$300.00
Structures 3,000 to 10,000 sq ft	\$500.00
Structures greater than 10,000 sq ft	\$1,000.00
Plan modification/extension	\$200.00
<i>Special Permit or Non-Discretionary Site Plan Review for Solar/Wind Energy Installation</i>	
Existing Construction	\$350.00
New Construction	\$1,200.00
Modification or Permit Extension	\$200.00
<i>OSPD or OSMD</i>	\$1,000.00
If filing simultaneously with Definitive Subdivision	\$600.00
Modification or Permit Extension	\$300.00 & \$50.00 per lot
<i>Telecommunications Cell Tower</i>	
New Construction	\$1,000.00
Renewal of Cell Tower Special Permit	\$300.00
<i>Adult Use</i>	\$2,000.00

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.

The applicant is responsible to pay the cost for legal notices, postage and abutters list.

Please direct any questions to the Planning Board Assistant at 078-597-1700, x1722. For Zoning or Building questions, please contact the Building Commissioner at 978-597-1709.

Agreement

_____ I/we hereby certify that the information provided herein is true and correct based on all information available to me.

_____ I/we understand that the Planning Board may require additional information and additional consulting fees associated with processing 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: _____

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Please photocopy this page if needed for notarizing individual signatures.

Date: _____

Owner(s): (1) _____ (2) _____
(Print Name) (Print Name)

(Signature) (Signature)

Date: _____

Applicant(s): (1) _____ (2) _____
(Print Name) (Print Name)

(Signature) (Signature)

Date: _____

Engineer(s): _____
(Print Name)

(Signature) (Surveyor's Stamp)

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