



Town of Boylston Planning Board planning@boylston-ma.gov

221 Main Street, Boylston MA 01505 ** Telephone (508) 869-0143 ** Fax (508) 869-6210

APPLICATION FOR SPECIAL PERMIT

To the Special Permit Granting Authority

Date: _____

The undersigned, being the Applicant, hereby applies for a Special Permit under M.G.L., Ch. 40A, §9 as follows:

1. Applicant (include Equitable Owner or Purchaser on a Purchase & Sale Agreement):

Name _____

Address _____

Telephone Number _____

Email Address _____

☐ Check here if you are the Purchaser on a Purchase & Sale Agreement.

2. Owner (if other than Applicant):

Name _____

Address _____

Telephone Number _____

Email Address _____

3. Property:

Street Address _____

Assessor's Map _____

Property is Located in Zoning District _____

The Undersigned's Title to Said Land is Derived from:

by Deed dated _____ and recorded in the Worcester District Registry of Deeds, Book _____, Page _____, registered in the Worcester District Registry of the Land Court, Certificate of Title Number _____; and said land is free of encumbrances, except for the following:

4. Nature of Relief Requested:

Special Permit pursuant to Article/Section _____ of the Boylston Zoning Bylaw which authorizes the **PLANNING BOARD** to permit _____

Detailed Explanation of Request: _____

5. Evidence to support grant of Special Permit:

Because of the reasons set forth below, the Special Permit requested will be in harmony with the intent and purpose of the Zoning Bylaw:

Because of the reasons set forth below, the Special Permit will meet the additional requirements of the Zoning Bylaw as follows:

If someone other than the Owner or Equitable Owner (Purchaser on a Purchase & Sale Agreement) is the Applicant or will represent the Applicant, Owner or Equitable Owner, they must designate such representative below:

Name of Representative _____

Address _____

Telephone Number _____

Email Address _____

Relationship of Representative to Owner or Equitable Owner: _____

I hereby authorize _____
to represent my interests before the Special Permit Granting Authority with respect to this Special Permit Application.

Signature of Owner/Equitable Owner

I hereby certify under the pains and penalties of perjury that the information contained in the Application is true and complete.

Signature of Applicant

Date

Signature of Owner, if other than Applicant

Date

Signature of Equitable Owner who is filing Application to Satisfy Condition of Purchase & Sale Agreement