

# **SALISBURY PLANNING BOARD ACCESSORY APARTMENT SPECIAL PERMIT RECOMMENDATION**

Please include the following items to ensure a timely recommendation to the Board of Appeals by the Planning Board:

1. Application must be filled out completely and correctly. (Map and Parcel must be included. Can be found in the Assessor's Office.)  
**Attachment 1**
2. A copy of the Special Permit Application to the Board of Appeals.
3. A Plan drawn to scale which includes the floor plan of the entire building, any other accessory buildings, the lot lines with lot area specified, and parking. (7 Copies)

**IMPROPER OR INCOMPLETE INFORMATION WILL RESULT IN A DELAY IN THE FINAL RECOMMENDATION.**

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Town Planner

**As soon as all information mentioned above is submitted, the Planning Board will place the item on the agenda within 30 Days.**

**ACC**

## Attachment 1

**TOWN OF SALISBURY**  
**REQUEST FOR PLANNING BOARD RECOMMENDATION – ACCESSORY**  
**APARTMENT**

Date \_\_\_\_\_

Applicant's Name

\_\_\_\_\_

Applicant's Address

\_\_\_\_\_

Telephone #

\_\_\_\_\_

This application is for property located at \_\_\_\_\_, Salisbury,  
Massachusetts.

Tax Map # \_\_\_\_\_ Lot # \_\_\_\_\_

1. Owner of Property:

\_\_\_\_\_

Owner's Address:

\_\_\_\_\_

2. Zoning District:

\_\_\_\_\_

3. Lot Size:

\_\_\_\_\_

4. Existing Use:

\_\_\_\_\_

5. Proposed Floor area of Accessory Apartment:

\_\_\_\_\_

6. Total Area of lot covered by all existing and proposed buildings:

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

7. Number of parking spaces provided:

\_\_\_\_\_

8. Other Permits Required and Status of Applications:

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Owner

**Received:** \_\_\_\_\_  
**Planning Board**