

Salisbury Planning Board

Please check off the applicable application:

- | | |
|---|---|
| <input type="checkbox"/> Special Permit-check all that apply | <input type="checkbox"/> Motel Reuse |
| <input type="checkbox"/> Open Space Residential Development (OSRD) | <input type="checkbox"/> Wireless Communication Facility |
| <input type="checkbox"/> Water Resource District | <input type="checkbox"/> Village Center District |
| <input type="checkbox"/> Planned Office Development | <input type="checkbox"/> Repetitive Petition |
| | <input type="checkbox"/> Other (Specify)_____ |

Applications will not be stamped in at the Town Clerk's office for the Planning Board, until the Planning Department determines that the following items are included with the application:

1. Application must be filled out completely and correctly.
2. Special Permit filing fee. Checks payable to the Town of Salisbury.
3. Plan drawn in accordance with the requirements listed in the Town of Salisbury's Zoning By-Laws. (8 COPIES).
4. Abutters List
5. Treasurer's Office signature to ensure all Taxes are paid up to date on the property in question and any applicable betterments are paid in full.
6. A complete submittal checklist **must** be submitted along with copies of plans.

IMPROPER OR INCOMPLETE FILINGS WILL RESULT IN A DELAY IN DECISION, TOWN CLERK WILL SIGN AND STAMP AFTER PLANNING DEPARTMENT SIGNS OFF.

Planning Department

Town Clerk

A REGISTERED PLAN MUST BE FILED WITH THIS APPLICATION FORM

Salisbury Planning Board

Date _____

Applicant: _____
Full name Address phone number

Applicant's E-mail Address: _____

Owner: _____
Full name Address phone number

Lessee: _____
Full name Address phone number

Tax Map # _____ Lot # _____

1. Location of Premises: _____

2. Zoning District: _____

3. Parcel Size: _____

4. (OSRD applications only): Applicable Land Area: _____ Open Space Percentage: _____

5. Number of existing buildings on parcel: _____

6. What is the existing use of the subject premise? _____

7. Provide a detailed description of the proposed use of premises, including # of proposed structures (attach additional pages if necessary):

8. Zoning by-law provision under which application is made: _____

9. State grounds for this application, please be specific. Special permit criteria can be found in the Zoning Bylaw §300-35 (attach additional pages if necessary):

10. Other Permits Required and Status of Applications: _____

Signature of Applicant

Signature of Owner

Salisbury Planning Board

REQUIREMENTS AND WAIVER REQUEST FORM

Map and Parcel # _____ Project Address _____

| Plan Requirements | Included in Application | Requesting Waiver |
|--|----------------------------|----------------------|
| A. Plans drawn by registered professional | _____ | _____ |
| B. Existing site conditions: | | |
| 1. All waterbodies | _____ | _____ |
| 2. Wetland and Boundaries | _____ | _____ |
| 3. Topography | _____ | _____ |
| 4. Vegetation types | _____ | _____ |
| 5. Other natural features | _____ | _____ |
| C. Location of: | | |
| 1. Proposed landscaping | _____ | _____ |
| 2. Existing landscaping and open space | _____ | _____ |
| D. Use Plan indicating locations of | | |
| 1. Proposed building and additions | _____ | _____ |
| 2. Parking | _____ | _____ |
| 3. Service and loading areas | _____ | _____ |
| 4. Curbing and driveway locations | _____ | _____ |
| 5. Trash and receptacles or dumpsters | _____ | _____ |
| 6. Lighting | _____ | _____ |
| 7. Other site alterations | _____ | _____ |
| E. Architectural plans of all proposed buildings | | |
| 1. Floor plans | _____ | _____ |
| 2. Elevation plans | _____ | _____ |
| F. Utility Plans showing | | |
| 1. Water and sewer connection | _____ | _____ |
| 2. Stormwater Drainage Plan | _____ | _____ |
| G. Luminaire Plan showing | | |
| 1. Foot Candles | _____ | _____ |

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TAX AND BETTERMENT PAYMENT CERTIFICATION

Date _____

Map _____ **Parcel** _____

Owner's Name: _____

Property Address: _____, Salisbury, MA

I, _____, certify that all taxes and applicable betterment's have been paid in full for the property located at **Map** _____ **Parcel** _____. The next billing date is _____.

Signature: _____
Treasurer or Treasurer's Clerk

Date: _____

Salisbury Planning Board

Special Permit Submittal Checklist

Before any Special Permit application can be filed at the town clerk's office, the following departments must receive the specified information and sign below that the information has been received. Departments have 14 days within which they may comment on the proposed plan.

Board of Health

(1 Sets of Plans) Received By: _____ Date: _____
(1 copy of special permit application)

Fire Department

(1 Sets of Plans) Received By: _____ Date: _____
(1 copy of special permit application)

Department of Public Works

(1 Sets of Plans) Received By: _____ Date: _____
(1 copy of special permit application)

Building Department

(1 Sets of Plans) Received By: _____ Date: _____
(1 copy of special permit application)

Conservation Commission

(1 Sets of Plans) Received By: _____ Date: _____
(1 copy of special permit application)

Police Department

(1 Sets of Plans) Received By: _____ Date: _____
(1 copy of special permit application)

Assessor's Department

(1 Sets of Plans) Received By: _____ Date: _____
(1 copy of special permit application)

Planning Department

(1 Sets of Plans) Received By: _____ Date: _____
(1 copy of special permit application)