

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.

Town Planner

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

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