



Planning Department
Town of Salisbury
5 Beach Road
Salisbury, MA 01952
(978) 463-2266
planningdept@salisburyma.gov

SALISBURY PLANNING BOARD
MAJOR MODIFICATION OF A SPECIAL PERMIT FILING CHECKLIST

*Applicants encouraged to meet with planning department for review of application prior to filing. Applications will not be considered **COMPLETE** for the Planning Board, until the Planning Department determines that the following items are included with the application:*

Required Submission Materials:

1. Completed Application for Major Modification of a Special Permit. **Attachment 1**
2. Modification of a Special Permit Fee – Checks payable to the Town of Salisbury.
3. Abutters List
4. Project Description / Narrative explaining requested modification.
5. Additional Materials as Needed / Required to support the Application.
6. Updated Site Plans drawn to scale and in conformance with Section II.B.1 of the Site Plan Review requirements. (if applicable)
7. 8 paper copies of all site plans and supporting documents. PDFs of all documents shall be sent to the Planning Department. (asstplanner@salisburyma.gov)

Planning Department Signature: _____ **Date:** _____

***COMPLETE APPLICATION MUST BE SUBMITTED TO THE PLANNING DEPARTMENT BY 12 PM ON THE WEDNESDAY A WEEK BEFORE THE NEXT SCHEDULED PLANNING BOARD MEETING.**

ATTACHMENT 1

APPLICATION FOR MAJOR MODIFICATION OF A SPECIAL PERMIT

APPLICANT & PROPERTY OWNER INFORMATION:

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

TELEPHONE #: _____ E-MAIL ADDRESS: _____

OWNER'S NAME (if different from applicant): _____

OWNER'S ADDRESS (if different from applicant): _____

TELEPHONE #: _____ E-MAIL ADDRESS: _____

SITE INFORMATION:

PROJECT ADDRESS: _____

MAP: _____ LOT: _____

ZONING DISTRICT(S): _____

LOT SIZE: _____

CURRENT USE: _____

PROJECT/PLAN INFORMATION:

PLAN TITLE: _____

DATE OF REVISION: _____

PREPARED BY (name/address of preparer): _____

TELEPHONE #: _____ E-MAIL ADDRESS: _____

Briefly state requested modification: _____

Applicant's Signature: _____ **Date:** _____

Owner's Signature (if not applicant): _____ **Date:** _____

Attachment 2

MAJOR SPECIAL PERMIT MODIFICATION SUBMITTAL CHECKLIST

Before any Major Site Plan Modification 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 approve, disapprove, or comment on the proposed plan.

Board of Health

(1 Set of Plans & application) Received By: _____ Date: _____

Fire Department

(1 Set of Plans & application) Received By: _____ Date: _____

Department of Public Works

(3 Sets of Plans & application) Received By: _____ Date: _____

Building Department

(1 Set of Plans & application) Received By: _____ Date: _____

Conservation Commission

(1 Set of Plans & application) Received By: _____ Date: _____

Police Department

(1 Set of Plans & application) Received By: _____ Date: _____

Assessor's Department

(1 Set of Plans & application) Received By: _____ Date: _____

Planning Department

(1 Set of Plans & application) Received By: _____ Date: _____

Design Review Committee (if Beach Overlay District Applies)

(3 Sets of Plans & application to Planning Department)
Received By: _____ Date: _____

Housing Partnership Committee (if Inclusionary Zoning Applies)

(1 Set of Plans & application to Town Clerk)
Received By: _____ Date: _____