

Salisbury Planning Board

Please check off the applicable application:

- | | |
|---|---|
| <input type="checkbox"/> Special Permit-check all that apply | <input type="checkbox"/> Wireless Communication Facility |
| <input type="checkbox"/> Open Space Residential Development (OSRD) | <input type="checkbox"/> Village Center District |
| <input type="checkbox"/> Water Resource District | <input type="checkbox"/> Repetitive Petition |
| <input type="checkbox"/> Planned Office Development | <input type="checkbox"/> Other |
| <input type="checkbox"/> Motel Reuse | <input type="checkbox"/> (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 paper copies of plans and PDFs shall be sent to the Planning Department.

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

Salisbury Planning Board

A REGISTERED PLAN MUST BE FILED WITH THIS APPLICATION FORM

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

Planning Board

REQUIREMENTS AND WAIVER REQUEST FORM

Applicant _____ Map and Parcel # _____

Property Owner _____ Project Address _____

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

Salisbury Planning Board

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)