

APPENDIX 1
TOWN OF SOMERSET
MASSACHUSETTS
PLANNING BOARD AS SPECIAL PERMIT GRANTING AUTHORITY

APPLICATION FOR HEARING

DATE: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

TELEPHONE # OF APPLICANT: _____

LOCATION OF PROPERTY: _____

ASSESSOR'S MAP# _____ LOT# _____
(Developer's Lot # & Street)

PROPERTY OWNER: _____

APPLICANT IS: _____
(Owner, Tenant, Prospective Purchaser)

IS PROPERTY LOCATED IN THE WATERSHED DISTRICT OR WATER RESOURCE
DISTRICT Yes _____ No _____

PROPERTY IS LOCATED IN THE: WATERSHED DISTRICT _____ WATER RESOURCE
DISTRICT (Check One)

BRIEF PROJECT DESCRIPTION: _____

Signature of Applicant: _____

PLEASE BE ADVISED THAT APPLICANTS AND/OR THEIR REPRESENTATIVE MUST BE PRESENT AT THE SCHEDULED HEARING FOR THIS MATTER TO BE CONSIDERED. APPLICANTS WILL BE NOTIFIED BY MAIL OF THE HEARING DATE AND TIME. APPLICANT WILL BE RESPONSIBLE FOR THE COST OF THE LEGAL AD ASSOCIATED WITH THE HEARING.

ALL DECISIONS GRANTED BY THE PLANNING BOARD MUST BE RECORDED AT THE FALL RIVER OFFICE OF THE BRISTOL COUNTY REGISTRY OF DEEDS.

*Town of Somerset Planning Board
Rules and Regulations Governing Special Permits for Mixed Use Development*