



# City Of Attleboro PLANNING BOARD

GOVERNMENT CENTER, 77 PARK STREET  
DEPARTMENT OF PLANNING & DEVELOPMENT  
ATTLEBORO, MASSACHUSETTS 02703  
(T) 508.223.2222 (F) 508.222.3046

## SITE PLAN REVIEW APPLICATION FOR MAJOR PROJECT

File the fully completed original application with the Office of the City Clerk. After filing the original application with Office of the City Clerk, submit a copy of the application, the filing fee, as well as all required documents to the Department of Planning and Development in accordance with the requirements of §17-15.0(D) SITE PLAN REVIEW – ADMINISTRATION and §17-15.0(H) SITE PLAN REVIEW – PROCEDURES FOR MAJOR PROJECT SITE PLAN REVIEW of the ZONING ORDINANCE. All necessary materials must be submitted at the time of filing. **AN INCOMPLETE SUBMISSION OR FACSIMILED APPLICATION WILL NOT BE PROCESSED.**

CHECKLIST:

- 2 Copies of application
- 13 Copies of Site Plan
- 2 Certified Lists of Abutters & mailing labels
- Filing Fee

PLEASE PRINT

1. Name of Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone # and Email Address: \_\_\_\_\_
2. Name of Property Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone # and Email Address: \_\_\_\_\_
3. Name of Engineer or Surveyor: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone # and Email Address: \_\_\_\_\_
4. Location of Property: \_\_\_\_\_

5. Deed/Property Recorded In: \_\_\_\_\_

Book: \_\_\_\_\_ Page: \_\_\_\_\_

6. Assessor's Plat #(s): \_\_\_\_\_ Lot #(s): \_\_\_\_\_

7. Zoning District(s): \_\_\_\_\_

8. Please describe in detail existing site conditions (use additional paper if necessary).

9. Please describe in detail the proposed project (use additional paper if necessary).

10. Signature of Applicant: \_\_\_\_\_

11. Signature of Owner: \_\_\_\_\_
12. Signature of Representative: \_\_\_\_\_
13. Pursuant of §9.31 DELINQUENT TAXPAYERS of the REVISED ORDINANCES OF THE CITY OF ATTLEBORO, as amended, I attest that, to the best of my knowledge, I have paid any and all real estate taxes, excise taxes, or any other municipal charges.

Signature: \_\_\_\_\_  
Owner

**Please note that pursuant to §9.31 DELINQUENT TAXPAYERS of the REVISED ORDINANCES OF THE CITY OF ATTLEBORO, as amended, this application cannot be filed with the Office of the City Clerk or be processed by the Department of Planning and Development unless it is signed or initialed by the City Collector and the City Treasurer.**

**Zaida Keefer, City Collector** \_\_\_\_\_

**Laura L. Gignac, City Treasurer** \_\_\_\_\_



# CITY OF ATTLEBORO

## REQUEST FOR CERTIFIED LIST OF ABUTTERS

### TYPE OF APPLICATION

<input type="checkbox"/>	VARIANCE	<input type="checkbox"/>	SPECIAL PERMIT	<input type="checkbox"/>	RE-ZONING	<input type="checkbox"/>	LIQUOR LICENSE	<input type="checkbox"/>	OTHER*
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*\*If other please specify:* \_\_\_\_\_

### CONSERVATION COMMISSION ABUTTERS APPLICATIONS

<input type="checkbox"/>	WETLANDS PROTECTION ACT / STORMWATER MGMT ORDINANCE	Notify all properties within 100 feet of property line
<input type="checkbox"/>	WETLANDS PROTECTION ORDINANCE	Notify all direct abutters and abutters within 300 feet of property line

PROPERTY ADDRESS: \_\_\_\_\_ MAP: \_\_\_\_\_ LOT: \_\_\_\_\_

PRINTED NAME OF RECORD OWNER: \_\_\_\_\_

SIGNATURE OF RECORD OWNER: \_\_\_\_\_

CITY ASSESSOR'S OR DESIGNEE'S INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REASON FOR LIST: \_\_\_\_\_ DATE LIST NEEDED\*: \_\_\_\_\_

- HEARING BEFORE ZONING BOARD OF APPEALS
- HEARING BEFORE PLANNING BOARD
- HEARING BEFORE CONSERVATION COMMISSION
- HEARING BEFORE CITY COUNCIL
- OTHERS (PLEASE SPECIFY): \_\_\_\_\_

### RADIUS FOR ABUTTERS – (PLEASE CHECK ONE)

- 100 FEET
- 300 FEET
- LIQUOR LICENSE – CHURCHES AND SCHOOLS WITHIIN 500 FEET
- OTHERS (PLEASE SPECIFY): \_\_\_\_\_

*The cost for the Abutters' List is \$20 for the first 25 Abutters and then \$1.00 per each additional Abutter. Unless otherwise specified, we will provide two sets of mailing labels. Stating the reason for your Abutters' List enables us to produce it to the appropriate regulation. The application MUST be signed by the record owner and all taxes must be current to process.*

*\*Please be advised that we have ten days (10) to process your request.*

Date:

Total Amount:



### CITY OF ATTLEBORO ABUTTERS' LIST RECEIPT

NUMBER OF ABUTTERS: \_\_\_\_\_

DEPOSIT AMOUNT: \_\_\_\_\_

AMOUNT DUE TODAY: \_\_\_\_\_

TYPE OF PAYMENT: \_\_\_\_\_