TOWN OF SHEFFIELD in the COMMONWEALTH OF MASSACHUSETTS
PLANNING BOARD
APPLICATION FOR SPECIAL PERMIT
& SITE PLAN REVIEW FORM

This form shall be submitted to the Town Clerk by all applicants for Special Permits under Sheffield Zoning By-Laws, as most recently amended. Please see Sections 3.0, 9.4 and 9.5, and others as appropriate, as well as the Planning Board's Rules & Regulations. These documents are available from the Town Clerk's or for no charge at www.sheffield.gov

Date _____

(For Board Use ▼)
Case Number:_____

PLEASE PRINT

APPLICANT NAME(s):_____

APPLICANT(s) ADDRESS(es): _____

IF APPLICABLE,
APPLICANT(s) REPRESENTATIVE: _____

REPRESENTATIVE'S CONTACT INFORMATION: _____

_____

USE(s) APPLIED FOR: _____

_____

Per SHEFFIELD ZONING BY-LAWS SECTION(s):_____

PROPERTY ADDRESS: _____LOCATED IN THE

_____DISTRICT; PROPERTY TAX MAP #: _____; BLOCK: _____; LOT:_____; BOOK: _____; PAGE: _____

PROPERTY OWNER'S NAME(s): _____

LAND AREA EXCLUSIVELY DEDICATED TO USE(s) IN ACRES: _____

SQ. FEET IN GROSS FLOOR AREA OF STRUCTURE(s) or BUILDINGS DEDICATED TO USE(s) APPLIED FOR:_____

SIGNATURE(s) of APPLICANT(s):_____

RECEIVED BY: _____, CLERK, TOWN OF SHEFFIELD, ON _____ (DATE)

▲ TOWN CLERK'S STAMP

NOTE: This application shall not be deemed to have been submitted to the Planning Board until the application form, site plan, all required documentation and fees have been delivered to the Planning Board at a regularly scheduled meeting. IN ADDITION, THIS APPLICATION FORM AND ALL COPIES OF THIS APPLICATION FORM MUST BE STAMPED AS RECEIVED IN THE TOWN CLERK'S OFFICE PRIOR TO BEING SUBMITTED TO THE PLANNING BOARD.

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ALL OF THE FOLLOWING MUST BE SUBMITTED WITH YOUR APPLICATION FOR IT TO BE COMPLETE.

FOR THE APPLICATION: SIX (6) complete copies of the TOTAL APPLICATION* to include:

(For Board Use ▼)

- Summary Description of the proposed use(s), purpose and location. ____
- For a Marijuana Establishment, please review the Sheffield bylaw section 7.5 and provide all items detailed in section 7.5.5.2 with this permit application. ____
- Citation of all Sections of the Sheffield Zoning By-Laws applicable to this Special Permit & how the application meets all of the applicable requirements as set forth in the by-laws. ____
- List of all state, federal & local permits, licenses and/or authorizations required for the development, use, operation and/or maintenance of the proposed use(s). ____
- Certified list of abutters, in accordance with MGL, c. 40A, § 11, obtained from the Town of Sheffield's Assessors Office. ____
- Location plan of the site at a scale of 1' to 200' showing the relationship of the site to adjacent properties, ways, buildings, landmarks, etc. as required. ____
- Other documentation, as required by Sheffield Zoning By-Laws, per Board Rules & Regulations. ____
- Sketch plan, acceptable to the Planning Board, showing a prospective layout for any adjacent land owned or controlled by the owner or applicant. ____
- Detailed Development Analysis, if required by Sheffield Zoning By-Laws § 9.4.5, per Board Rules & Regulations § 3. ____

AND ____

- **ONE** (1) Mylar drawing and **THIRTEEN** (13) contact prints of site plan**, per Sheffield Zoning By-Laws § 9.4.5 & Board's Rules & Regulations § 3. ____
- **TWO** (2) additional copies of this form. ____
- **Check** for the Special Permit application fee made payable to "The Town of Sheffield". ____

The fee is $250 for the 1st use submitted in this Special Permit application and an additional $100 for each additional use submitted; unless the use(s) applied for carries a different Special Permit application fee, as per Board Rules & Regulations. ____

* Of the six copies, five are for Planning Board members and one is for the Public Record file.
** The thirteen contact prints are for Planning Board members and other town boards/commissions reviewing the site plan; one is for the Public Record file.

(For Board Use ▼)
Case Number:_____

ACCEPTED ON_____(DATE) BY THE SHEFFIELD PLANNING BOARD:

_____, Chair _____, Vice Chair

_____, Secretary _____, Treasurer

_____, Member

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