Town Of Ashburnham Planning Board

SPECIAL PERMIT

APPLICATION FOR COMMON DRIVEWAY

Date: _____

Name of Applicant: _____

Address: _____

Phone Number: _____

Name of Owner: _____

Address: _____

Phone Number: _____

Location and description of property:_____
_____
_____

Zoning District(s): _____

Length of Driveway: _____ Width of Driveway: _____

Maximum Grade of Driveway: _____

Turning Area Provided: _____

Distance from abutting driveways or intersections:_____

Signature of Owner:_____

The application shall be accompanied by the filling fee

The applicant shall request an abutters list from the Assessor's office and submit a copy with this application. The applicant shall be responsible for all legal advertisements.

Common Driveway Special Permits require a public hearing prior to approval.

For Planning Board Use Only

_____	_____	_____	_____
File Date (Town Clerk)	Hearing Date (File date + <65 days)	Decision Deadline (Close hearing + <90 days)	Decision Date (File w/ Town Clerk)

Comments:

Fee: _____
Paid: Yes __ No __