Town Of Ashburnham Planning Board

SPECIAL PERMIT

APPLICATION FOR OPEN SPACE RESIDENTIAL DEVELOPMENT

Date _____

The undersigned owner(s) or authorized applicant(s) of the land shown on the accompanying plan request a Special Permit under § 5.13 of the Ashburnham Zoning By-laws for an Open Space Residential Development.

Plan Title: _____

Plan date: _____ Assessor's Map and Parcel Number: Map(s) _____ Parcel(s) _____

Deed: Book _____ Page _____

Zone: _____ Total Area: _____ Number of Lots: _____

Drawn By: _____

Address: _____

The owner/applicant owns adjacent land Yes ___ No ___

_____/_____/_____
Signature of Owner Address Phone

_____
Print Name of Owner

_____/_____/_____
Signature of Owner Address Phone

_____
Print Name of Owner

_____/_____/_____
Signature of Applicant Address Phone

_____
Print Name of Applicant

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.

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 __