



TOWN OF DOUGLAS
FORM A
Approval Not Required Plan
APPLICATION FORM

OFFICE USE ONLY

APPL No. _____

SUBMITTED _____

FEE _____

I. Applicant Information

Owners Name _____ Contact Person _____

Street Address _____ Additional Address _____

City/Town _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ Email Address _____

Other Comments _____

II. Owner Information (If different from applicant information)

Name _____ Contact Person _____

Street Address _____ Additional Address _____

City/Town _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____ Email Address _____

Other Comments _____

III. Plan Information

Title of Plan: _____

Drawn By: _____

PLS registration #: _____

Date on Plan: _____

IV. Site Information

Assessors Map _____ Assessors Parcel _____ Deed Book _____ Deed Page _____

Street Address _____ Additional Address _____

Are taxes current on the property? _____



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V. TITLE TO THE PROPERTY

The Owner's title to the land that is the subject matter of this application is derived from
deed/will/other of
dated, recorded in
Registry of Deeds, Volume, Page or as land court certificate of title no.

VI. FRONTAGE REQUIRMENTS

The land is Zoned []RA []RC-1 []RC-2 []VR []CB []COMM []IND
The frontage required under zoning is feet
Frontage is located on (name of way), which is
[] A public way
[] A way certified by the city/town clerk as being maintained and used as a public way
[] A way shown on a subdivision plan entitled: and previously endorsed as an approved plan by the planning board on
[] A way in existence before adoption of the subdivision control law in the city/town that has adequate width, grade, and construction to provide vehicular access to the lot(s) for their intended purpose of and to permit the installation of municipal services to serve the lot(s) and any buildings thereon because:
(Provide support below:)

VII. FEES

Applicants must submit the following information to confirm fee payment:
Fee Calculations
Check Number Check date
Payor name on check Applicant name (if different from payor)

* Please make all checks payable to the Town of Douglas *



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VIII. SIGNATURES

I hereby certify under the penalties of perjury that the foregoing Special Permit Application and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge. I understand that the Planning Board will place notification of this Submittal in a local newspaper at the expense of the applicant in accordance with the requirements of the State Zoning Act.

I further certify under penalties of perjury that a current list of all abutters and other relevant parties of interest were provided to the Planning Board office with current mailing addresses. These parties will be notified by the Douglas Planning Board pursuant to the requirements of the State Zoning Act. Notice must be made in writing by hand delivery or certified mail (return receipt requested) to all abutters within 300 feet of the property line of the project location.

Signature of Applicant

Date

Signature of Property Owner (if different)

Date

Signature of Representative (if any)

Date

Filed with the Town Clerk on _____

Town Clerk