



TOWN OF DOUGLAS
ZONING SPECIAL PERMIT
APPLICATION FORM

*Pursuant to Section 9.3 of the Douglas Zoning Bylaw
& MGL Ch 40A § 9*

| |
|-----------------|
| OFFICE USE ONLY |
| ZBA No. _____ |
| SUBMITTED _____ |
| FEE _____ |

I. Applicant Information

| | | |
|-------------------|--------------------|---------------|
| Organization Name | Contact Person | |
| Street Address | Additional Address | |
| City/Town | State | Zip Code |
| Telephone Number | Fax Number | Email Address |
| Other Comments | | |

II. Representative Information

| | | |
|-------------------|--------------------|---------------|
| Organization Name | Contact Person | |
| Street Address | Additional Address | |
| City/Town | State | Zip Code |
| Telephone Number | Fax Number | Email Address |
| Other Comments | | |

III. Owner Information

| | | |
|-------------------|--------------------|---------------|
| Organization Name | Contact Person | |
| Street Address | Additional Address | |
| City/Town | State | Zip Code |
| Telephone Number | Fax Number | Email Address |
| Other Comments | | |

IV. Site Information

| | | | |
|------------------|---------------------|--------------|--------------|
| Assessors Map(s) | Assessors Parcel(s) | Deed Book(s) | Deed Page(s) |
| Street Address | Additional Address | | |
| City/Town | State | Zip Code | |
| Other Comments | | | |



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V. General

a.) Zoning District (Check all that apply): VR RA RC-1 RC-2 C IND

b.) Dimensional Standards:

Table with 3 columns: Required, Provided, Requirement Met? Rows include Road Frontage, Lot Area, Front Yard Setback, Side Yard Setback, Rear Yard Setback, and Structure Height.

c.) What is the current use of the Property?:

Blank lines for current use of the property.

d.) Cite the specific Bylaw Section(s) for which this Special Permit is being sought:

Blank lines for citing specific bylaw sections.

e.) Please provide a written narrative of the permit being sought. Include all information pertinent to the nature of the request and the proposed project (attach separate documentation as may be necessary):

Blank lines for written narrative of the permit request.



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VI. Submittal Requirements

- 1) Has a current certified abutters list for all abutters within 300-feet of the subject properties (and all parties in interest) been submitted with the Application? YES NO
- 2) Have completed certified return receipt cards and an abutter notification form been submitted with the application for each abutter/party of interest identified in item 1, above? (mailing to be performed by the Town) YES NO
- 3) Have eight (8) copies of this complete submittal been transmitted to the Zoning Board of Appeals? YES NO
- 4) Has a plan been submitted at a suitable scale to clearly show the scope and intent of the proposed project? YES NO N/A
- 5A) Has a copy of the explanation letter from the Building Commissioner been provided? YES NO N/A
- 5B) Provide the date of the Building Commissioners explanation letter identified in 5A, above: _____
- 6) Additional Information (attach extra sheets as necessary):

- 7) Are property taxes paid to date for the subject property(ies)? YES NO

VII. Special Permit Criteria (Section 9.3)

Please provide a written description of how each of the following Special Permit Review Criteria is affected by the proposed project. If there is an impact on a particular criteria, please indicate how the beneficial impacts of the project outweigh the adverse impacts to the specific review criterion: Check Box where the item has been addressed in an attached narrative.

- 1. Traffic flow and safety, including parking and loading;
- 2. Social, economic, or community needs which are served by the proposal;
- 3. Adequacy of utilities and other public services;
- 4. Neighborhood character and social structures;
- 5. Impacts on the natural environment; and
- 6. Potential fiscal impact, including impact on town services, tax base, and employment.

Use additional Pages as necessary



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VIII. FEES

The fees for work proposed under this Special Permit Application shall be in accordance with the Town of Douglas Zoning Board of Appeals Fee Schedule.

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 **

IX. SIGNATURES

I hereby certify under the penalties of perjury that the foregoing Zoning Variance/Appeal Application and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge. I understand that the Zoning Board of Appeals 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 Zoning Board of Appeals office with current mailing addresses. These parties will be notified by the Douglas Zoning Board of Appeals 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

Printed or Typed Name of Applicant

Signature of Property Owner(s)

Date

Printed or Typed Name of Property Owner(s)

Signature of Representative (if any)

Date

Printed or Typed Name of Representative (if any)

***Please note that all above signatures must be provided unless a notarized authorization form accompanies the application submittal granting an individual the authority to sign and/or act on behalf of the Owner/Applicant.*