



PERMIT # _____

TOWN OF BERKLEY

PLANNING BOARD

1 No. Main Street
Berkley, Massachusetts 02779

ACCESSORY APARTMENT APPLICATION

Applicant Name: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Address of proposed apartment: _____

Berkley Assessor's Map # _____ Lot # _____ Type of Construction: ☐ New ☐ Addition ☐ Existing

Total square footage of the main dwelling: (gross) _____ Year House was built: _____

Total square footage of the accessory apartment: (gross) _____ Size of Lot (sq. ft.): _____

Name /Address / Phone # of Engineer: _____

Which unit will be occupied by property owner: ☐ Main dwelling ☐ Accessory Apartment

Is there room for at least one off street parking space for the accessory apartment? ☐ Yes ☐ No (show parking on site plan)

What type of road serves the property? ☐ Private Road ☐ Public Road / Road Surface: ☐ Gravel ☐ Paved

What is the source of the water supply to serve the existing residence and the accessory apartment?

☐ Private Well / (if private) ☐ Existing ☐ Proposed

☐ Municipal Water Supply

Does this project involve the demolition of any structures? ☐ Yes ☐ No

Number of Dwelling Structures on the property? _____

*Deed – Copy of last recorded deed attached. Any owner named on deed must sign this application.

The Planning Board or their designee may require an applicant to pay for hiring one or more outside consultants to assist in analyzing, reviewing and reporting on areas requiring technical or legal review.

I hereby certify that the above information is correct and I have submitted all of the pertinent documentation required by the zoning application.

Owner Name(s): (print) _____

Owner Signature(s): _____

Date: _____

Planning Board Use Only:

Date Received _____

Fees: Amount _____ Ck. # _____