



**APPLICATION FOR SPECIAL
PERMIT IN THE
AQUIFER PROTECTION
DISTRICT**

**PLANNING BOARD
1 NO. MAIN STREET
BERKLEY, MA 02779**

_____, 20____

Applicant: _____

Address: _____ Phone #: _____

Email: _____

Owner: _____

Address: _____ Phone #: _____

Email: _____

Engineer Name: _____

Address: _____

Phone: _____ Email: _____

Street Address for Requested Special Permit: _____

Berkley Assessor's Map # _____ Lot # _____

Size of parcel (sq. ft./acres): _____ Frontage: _____

Size(s) of proposed structure(s): _____

Number of Parking Spaces: _____ Number of Employees: _____

Requested Hours of Operation: _____

Is Conservation Commission approval required? () yes () no

Is a variance required from the Board of Appeals? () yes () no

If yes, specify the type and status of the application: _____

Is the proposed development served by a Public Water or Sewage system? () yes () no

Will any State or Federal Permits be required for this project? () yes () no

If yes, specify the type and agency requiring the study _____

Is the property subject to the Wetlands Protection Act and/or the General Wetlands Bylaw of the Town of Berkley?

() yes () no

Is an environmental study or document required for this project under State or Federal Law? () yes () no

If yes, specify the type of study and the agency requiring the study _____

Description of the existing use: _____

Description of the proposed use: _____

If required:

Is Site Plan Review ____ To Be Submitted ____ In process ____ Approved

Has Plan Been Distributed to the Required Boards and Departments?

() yes () no

Bldg Insp/ZEO ☐ Con Comm ☐ Bd. Of Health ☐ ZBA ☐ Fire Chief ☐ Police Chief ☐ Highway Dept. ☐

Attach a list of abutters with accompanying map, certified by the Berkley Assessor's office, of owners of land directly opposite on any public or private way or street, and owners of land within 300 feet of the property line, including those applicable which may lie within any bordering towns.

Applicant's Signature

Owner's Signature

Print Name

Print Name

For Planning Board Use:

Date Received by Planning Board: _____

Site Plan Review: _____ Yes ____ No

Fee Received: _____

Mailing & Advertising Fees Received: _____

Form T Received: ____ Yes ____ No (All Taxes Must Be Current)

Affadavit Received: ____ Yes ____ No

Plan(s) Received: ____ Yes ____ No