



APPLICATION FOR SITE PLAN REVIEW

**PLANNING BOARD
BERKLEY, MASSACHUSETTS**

_____, 20____
(Date)

Applicant: _____

Address: _____ Phone #: _____

Owner: _____

Address: _____ Phone #: _____

Street Address for Requested Special Permit: _____

Berkley Assessor's Map # _____ Lot # _____

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

Size of proposed structure: _____

Intended Use for Special Permit: _____

Number of Parking Spaces: _____ Number of Employees: _____

Requested Hours of Operation: _____

Applicant's Signature

Owner's Signature

For Planning Board Use:

Date Received by Planning Board: _____

Minor Site Plan: ____ Yes ____ No

Fee Received: _____

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

Plan(s) Received: _____ Yes ____ No