



TOWN OF ROCHESTER

Planning Board

37 Marion Road / Route 105, Rochester, MA 02770

Phone: 508-763-5421 Fax: 508-763-5379

SPECIAL PERMIT APPLICATION

And Request for Hearing

Date: _____

Petitioner: _____

Owner: _____

The petitioner requests the following Special Permit from the Planning Board:

Specific Zoning By-Law and/or the name of the Special Permit requested:

- _____ Special Permit (Back lot)
- _____ Special Permit (Common Driveway)
- _____ Special Permit (Flexible Development)
- _____ Special Permit (Special Residential Development)
- _____ Special Permit (Other)

Location of premises involved: _____

Assessors Map (s): _____ Lot (s): _____

Nature of plan proposed: _____

Print Name of Applicant: _____

Address: _____

Telephone #: _____ Cell Phone #: _____

Signature of Applicant or Legal Representative

Date: _____

Print Name of Owner: _____

Address: _____

Telephone #: _____ Cell Phone #: _____

_____ Date: _____

Signature of Owner (if different from applicant)

Print Name of Engineer or Surveyor _____ Date: _____

Address: _____

Telephone # _____ Fax # _____ Stamp No. _____

_____ Date: _____

Signature of Engineer or Surveyor

I hereby certify that all information provided in this application for and required attachments and supporting material is true and accurate to the best of my knowledge. I agree to notify the Rochester Planning Board of any changes in the information provided in the application, in writing, as soon as practicable. I understand that failure to provide the required information and fees may result in a denial on my project.

Description of proposed project:

Please provide a Compliance Matrix confirming complete fulfillment of the specific requirements applicable to the Special Permit concerned.