



**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:

	<u>Required</u>	<u>Provided</u>	<u>Requirement Met?</u>
Road Frontage (ft.):	(min.)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Lot Area (sq. ft.):	(min.)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Front Yard Setback:	(min.)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Side Yard Setback:	(min.)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Rear Yard Setback:	(min.)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Structure Height:	(max.)		<input type="checkbox"/> YES <input type="checkbox"/> NO

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

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

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):



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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 Certified Plot Plan showing existing grades & structures as well as proposed grades & structures been submitted at a suitable scale to clearly show the scope and intent of the proposed project? YES NO N/A
 YES NO N/A

5A) Has a copy of the explanation letter from the Building Commissioner been provided?

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 Special Permit 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.*