



BOXBOROUGH PLANNING DEPARTMENT
29 Middle Road, Boxborough, Massachusetts 01719
Phone: (978) 264-1723 • Fax: (978) 264-3127
www.boxborough-ma.gov

Private/Common Driveway Special Permit Application

Applicant: _____
Mailing Address: _____
Town/State/Zip: _____
Telephone Number: _____ Email: _____
Property Owner: _____
Mailing Address: _____
Town/State/Zip: _____
Telephone Number: _____ Email: _____
Consultant/Engineer: _____
Mailing Address: _____
Town/State/Zip: _____
Telephone Number: _____ Email: _____

Property Location: _____

Assessor Parcel #: _____ Lot Square Footage: _____

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Zoning District(s): _____ W-District: Yes _____ No _____

Aquifer Protection District: Yes _____ No _____ Flood Plain: Yes _____ No _____

Private/Common Driveway Details

Number of Lots Accessed: _____ Length: _____ Width: _____

Slope: _____ Turning Area/Pull-Out Provided: Yes _____ No _____

Distance from Abutting Lots: _____ Any Waivers Requested: Yes _____ No _____

Private/Common Driveway Special Permit Application

The Applicant shall submit the following documents and plans with the application:

- _____ Nine (9) copies of the Private/Common Driveway Special Permit Application and any supporting documentation and/or narratives
- _____ Four (4) full size Site Plans meeting the requirements of the Private/Common Driveway Guidelines
- _____ Five (5) 11” x 17” reduced Site Plans
- _____ One (1) copy of a Certified List of Abutters from the Town Assessor
- _____ Application Fee

The undersigned hereby certifies that he/she has read and examined this application and the plans and that the proposed project is accurately represented in the statements made in this application:

Owner(s): _____ Date: _____

Owner(s): _____ Date: _____

**Applicant(s): _____ Date: _____

**Applicant(s): _____ Date: _____

** The signature of the property owner(s) is required for the application to be accepted.