



BOXBOROUGH PLANNING BOARD
29 Middle Road, Boxborough, Massachusetts 01719
Phone: 978.264.1723
www.boxborough-ma.gov

SPECIAL PERMIT APPLICATION

1. Location of property: Assessor's Map _____
Street Number _____ Street Name _____
Zoning district: _____

Printed Name

Address

Phone

2. Owner(s): _____

Owner(s): _____

3. Applicant: _____

4. Applicable Section(s) of the Zoning Bylaw: _____
(Specifically list each ZBL Section.)

5. Nature and justification of request: _____
(Attach additional pages if necessary.)

7. State the name of any person(s) authorized to represent you before the Board.

8. The undersigned certify that he/she has read and examined this application and the applicable requirements and that the proposed project is accurately represented in the statements made in this application.

I hereby request a hearing before the Planning Board with reference to the above application.

Property Owner's Signature (**REQUIRED**)

Date

Property Owner's Signature (**REQUIRED**)

Date

Applicant's Signature (if different from owner)

Date