

**Tyngsborough Select Board
Special Permit Granting Authority**



Application for Special Permit

Name of Applicant:

_____ Address of

Applicant: _____ Telephone

#: _____

Address/Location of Subject Property: _____

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

Present Zoning District of Property: _____

Type of Use Applied For (Be

Specific): _____

Under Section _____ of the Zoning By-Laws of the Town of Tyngsborough

Characteristics of Subject Property

of Lots _____ Area of Lot(s) _____ (in square feet) Present Use:

_____ Is Applicant

Owner of Property? ___ Yes ___ No

Is Applicant Operator, Manager, or Proprietor of Proposed Activity? ___ Yes ___ No ___ N/A

If Applicant is not the owner and operator (if no is checked on item 6 and/or 7) evidence of authority by affidavit or other legal instrument must be attached.

Is such evidence attached? ___ Yes ___ No

Has the applicant reviewed the applicable section(s) of the Town's Zoning by-law as most recently amended? ___ Yes ___ No

Has the applicant reviewed the Rules and Regulations of the Special Permit Granting Authority as most recently amended? ___ Yes ___ No

Signature of Applicant

I hereby certify that the information given above and included with the application pursuant to the Rules and Regulations so promulgated by the Board of Selectmen acting as Special Permit Granting Authority is correct and to the best of my knowledge complete and accurate.

I hereby request a hearing before the Special Permit Granting Authority pursuant to the matter of and disposition of the application and agree to pay all fees so required.

Printed Name: _____

Signature: _____ Date: _____

Signature of the Town Clerk

As Town Clerk, I hereby certify that I have received this application for a Special Permit

Printed Name: _____

Signature: _____ Date: _____

Application Received in the Office of the Select Board

Printed Name: _____

Signature: _____ Date: _____

Application Fee(s) Received

Date: _____ by _____

Certified List of Parties in Interest

Special Permit
(Must be submitted with Special Permit Application)

Date: _____

To the Select Board of the Town of Tyngsborough:

The undersigned, being an applicant for approval of the special permit for the land shown on Assessor's Map No.____ as Lot No.____ submits the following list including names and property addresses of each party in interest relative to this application. Parties in interest include owners of land in question, owners of land which lie within 300 feet of a boundary or part thereof of the land in question, owners of land directly opposite any public or private street or way; all as they appear in the most recent applicable tax list notwithstanding that the land of any such owner is located in another town or another state, the Planning Boards of abutting town in Massachusetts or New Hampshire and the Tyngsborough Building Inspector as prescribed in MGL Chapter 40A Section 11. Further, the applicant agrees to send via certified mail, notice of scheduled hearing by the Board of Selectmen as the Special Permit Granting Authority, to all parties on this list according to the Rules and Regulations of the Town of Tyngsborough.

Signature of Applicant: _____

Printed Name: _____ Address: _____

Date: _____

To the Select Board of the Town of Tyngsborough:

This is to certify that at the time of the last assessment for taxation made by the Town of Tyngsborough, the names and addresses of the parties in interest to the parcel of land shown above were as above provided to applicant except as follows:

Certified by the Office of the Board of Assessors

Name: _____ Chief Assessor/Assistant Assessor Signature:

_____ Date: _____