



BELLINGHAM PLANNING BOARD

10 MECHANIC STREET
BELLINGHAM, MASSACHUSETTS 02019
(508) 657-2892; FAX (508) 966-2317
PlanningBoard@bellinghamma.org

APPLICATION FOR STORMWATER MANAGEMENT PERMIT UNDER THE ZONING BYLAW

Date Submitted: _____

To the Town of Bellingham I, the undersigned, wish to submit a Stormwater Management Permit Application as defined in Article IX of the Town of Bellingham Zoning Bylaws Section 240-54 and in Section 7 of the Planning Board Procedural Rules and request a review and determination by the Planning Board of the Erosion and Sedimentation Control Plan, Stormwater Management Plan, and Operations and Maintenance Plan submitted herewith.

1. Applicant(s) _____

Address _____

Phone _____

Email _____

2. Owner(s) _____

Address _____

Phone _____

Email _____

3. Engineer _____

Address _____

Phone _____

Email _____

**4. Stormwater
System
Manager**

Address

Phone

Email

5. Plan Title

6. Date of Plan

**7. Location of Premises (Address, Street, Name,
general property description)**

8. Assessors Map and Lot Numbers

9. Norfolk Registry of Deeds Book and Page Numbers

10. Land Court Certificate of Title Number

11. Lot Area (sq. ft & acres)

12. Proposed Use

13. Amount of Land Disturbance (sf)

14. Accompaniments:

Please review the Bellingham Zoning Bylaws for additional supplemental materials that may be required.

***Signature of all Applicants:
(print & sign)***

***Signature of all Owners:
(print & sign)***