



# BELLINGHAM PLANNING BOARD

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

## WAIVER REQUEST

Plan Title: \_\_\_\_\_

Date of Plan: \_\_\_\_\_

Type of Plan:  Preliminary Subdivision     Definitive Subdivision     Development Plan  
 Special Permit

Location of Premises  
(address, street name, or  
general property  
description): \_\_\_\_\_

Rules & Regulations  
Reference(s): \_\_\_\_\_

Reason the waiver is  
requested: \_\_\_\_\_

Alternatives to granting  
the waiver: \_\_\_\_\_

Impact of waiver denial  
on the project: \_\_\_\_\_

Reasons the waiver is in the best interests of the Town and is consistent with the intent and purpose of the regulation or by-law:

Applicant(s):  
(Print Name/s)

Signature of all  
Applicants: