



BELLINGHAM PLANNING BOARD

10 MECHANIC STREET
BELLINGHAM, MASSACHUSETTS 02019
(508) 657-2892; FAX (508) 966-2317

PlanningBoard@bellinghamma.org

APPLICATION FOR SCENIC ROADS PERMIT UNDER THE ZONING BYLAW

1. Name of Applicant(s) _____
Address _____
Phone _____ Email: _____
2. Owner (if different) _____
Address _____
Phone _____ Email: _____
3. The premises affected are at _____ Street/Road
between _____ Street/Road and _____ Street/Road in a Zoning District.
Street Number (if available) _____.
4. Dimensions of lot _____ Area _____
5. Assessors map and lot number _____
6. Registry of Deeds Book _____ Page _____
Land Court Certificate Number _____ Book _____ Page _____
7. Legal description of property _____

8. Application for Special Permit as authorized by Section(s) _____ of the Zoning Bylaw.
9. State present use of premises _____

10. Describe specifically the nature of your request _____

11. Generally state or append information necessary so that the determinations called for under Article IV of the Zoning Bylaw can be made by the Planning Board.

12. Accompaniments:

- _____ Fully executed Form K
- _____ Recorded (or surveyor endorsed) plan of the land (*number of copies per Planning Board's Form K*)
- _____ Plot plan showing location of existing and proposed buildings, signs, other structures (*number of copies per Planning Board's Form K*)
- _____ "Parties in Interest" list (1 copy, 1 copy on labels)
- _____ Other materials required by the Planning Board/Town Planner (*refer to Procedural Rules*)
- _____ Stormwater Management and O&M Plans
- _____ Filing Fee

13. Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

14. Application received by _____ Date _____

15. Hearing date set for _____ Time _____