

191 Church Street | Cheshire, Massachusetts 01225 PHONE (413) 743-1690 WWW.CHESHIRE-MA.GOV

Planning Board

SPECIAL PERMIT APPLICATION

APPLICANT:			TOTAL DESIGNATION OF THE PROPERTY OF THE PROPE
			DETITION #.
PHONE:			DATE FILED WITH TOWN CLERK:
EMAIL:			——————————————————————————————————————
PROPERTY OWNER	(IF DIFFERENT	Γ THAN APPLICANT)	: HEARING DATE:
			TIME:
REPRESENTATIVE (I	F APPLICABLE	E):	
ADDRESS:			
PHONE:			
EMAIL:			
LOCATION OF PROP		, ,	
			LAW UNDER WHICH YOU ARE
WAS PROJECT/ISSUI OFFICER? (CIRCLE O		WITH THE BUILDIN	IG INSPECTOR/ZONING ENFORCEMENT
YES (If Yes, Date:)	NO	



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FOR ADMINISTRATIVE USE ONLY		
PETITION #:		

DESCRIPTION OF PROJECT OR CHANGES PROPOSED (PLEASE ATTACH ADDITIONAL PAGES IF NEEDED):		

NOTICE: The applicant shall provide five (5) copies of this completed Application, either typewritten or printed clearly and legibly, and five (5) copies of the plans and specifications as required in the "Town of Cheshire Special Permit Rules & Regulations Adopted September 22, 2014" to the Town Clerk. A digital version should be emailed to townclerk@cheshire-ma.gov, CC executiveassistant@cheshire-ma.gov.

In addition, the Applicant shall pay a fee amounting to \$500 per application to cover the cost of legal notice postings, abutters notice mailings, and other administrative fees. (Please make check payable to the Town of Cheshire)



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SIGNATURE PAGE

SIGNATURE (Applicant):	
	ADDRESS:
SIGNATURE (Property Owner): _	
DATE:	ADDRESS:
SIGNATURE (Representative): _	
DATE:	ADDRESS:
SIGNATURE (Town Clerk):	
	ADDRESS:
SIGNATURE (Building Inspector	/Zoning Enforcement Officer):
DATE:	ADDRESS:



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ADDITIONAL INFORMATION & SUBMITTAL REQUIREMENTS:

SPECIAL PERMIT:

- ➤ See Town of Cheshire Bylaws §225-10.1
- ➤ For more detailed information on the hearing process and submittal requirements for special permits, see "TOWN OF CHESHIRE SPECIAL PERMIT RULES & REGULATIONS ADOPTED SEPTEMBER 22, 2014". This document can be found on the "Planning Board" section of the Town of Cheshire website (www.cheshire-ma.gov).