



Town of West Boylston

Planning Board

140 Worcester Street, West Boylston, MA 01583

Phone: 774-261-4073; Email: planningboard@westboylston-ma.gov

Form S: Site Plan Review Application (SPR)

GENERAL INFORMATION

Check All Boxes That Apply:

☐ SITE PLAN REVIEW APPLICATION UNDER ZONING SECTION _____

☐ SPECIAL PERMIT APPLICATION UNDER ZONING SECTION _____

☐ STORMWATER MANAGEMENT PERMIT APPLICATION UNDER STORMWATER BYLAW SECTION XXXIII

To the West Boylston Planning Board:

The undersigned wishes to submit a Site Plan Review Application as defined in the Zoning Bylaws of the Town of West Boylston Section 3.6 and requests a review and determination by the Planning Board of said Application(s).

Applicant(s): (please print) _____

Owner(s): (please print) _____

Signature _____

Signature _____

Address _____

Address _____

Telephone Number _____

Telephone Number _____

Email: _____

Email: _____

Received by Town Clerk _____

Date _____ Time _____

Please note: 1) An applicant for a Site Plan Review must file with the Planning Board (12) copies of the Site Plan drawn at a reasonable scale, a completed Site Plan Review Application, two (2) copies of drainage and traffic calculations, and the appropriate application and review fees as noted in the Site Plan Review Fee Schedule. 2) The applicant should provide a separate letter requesting any specific waivers and their justification. 3) The applicant shall file a copy of the Site Plan and the Application with the Town Clerk. The date of receipt by the Planning Board at their meeting shall be the official filing date.

PROPERTY INFORMATION

This Application is prepared for the property (building) located at _____; it is currently used as _____, and the changes proposed to be made are for _____.

The owner(s) title to the land is derived under deed from _____, dated _____, and is recorded in the Worcester County Registry of Deeds, Book _____, Page _____, or Land Court Certificate of Title No. _____, registered in the Worcester District, Book _____, Page _____.

The project is located in the _____ Zoning District and shown as Assessors Map _____, Parcel _____.

The Plan is stamped and signed by _____, who is a Registered Professional _____, license number _____.

For Office Use Only:

Application Number: _____ Date Received: _____ Fee (\$): _____ Received by: _____

Town Reviews (date completed):

Planning Board

Water Department

Town Clerk

Board of Health

Building Inspector

Fire Chief

Police Department

Conservation Commission

Review Engineer

Sewer Commissioners

Municipal Lighting Plant

Department of Public Works

Abutters Notified on: _____ (date)

Legal Ad Published in Gazette on: _____ and _____ (dates)

Public Hearing Date(s): _____

Final Decision Date: Approved _____ **/Not Approved** _____ Plans Endorsed Date _____

Decision Sent to Applicant: _____ (date)

Town Clerk/Building Commissioner/Town Engineer notified of Planning Board action: _____ (date)