

AMEND SPECIAL PERMIT

**DARTMOUTH
PLANNING BOARD**
400 Slocum Road
Dartmouth, MA 02747
(508) 910-1816



TIME STAMP HERE

AMENDMENT TO AN APPROVED SPECIAL PERMIT APPLICATION

(Please Print or Type)

Date: _____

Applicant's Name: _____ Phone No.: _____

Applicant's Address: _____

Property Owner Name: _____
(if different than applicant)

Address: _____

Contact Person : _____ Phone No.: _____
(if questions regarding plan)

Email: _____

Project Name: _____

Subject Property Address: _____

Assessor's Map/Lot(s): _____

All Applicable Zoning Districts: _____

Plan Entitled: _____

Plan Dated: _____

Original Special Permit Dated: _____

Amended Plan Entitled: _____
(“Amended” should be shown in the title)

Amended Plan Dated: _____

State the exact nature of action or relief requested by this amendment application, and cite the applicable bylaw(s) and/or bylaw section(s):

The undersigned hereby apply for a Special Permit amendment in accordance with all the rules and regulations of the Dartmouth Planning Board and the applicable sections of the Dartmouth Zoning Bylaws.

Applicant's Signature: _____ **Print Name:** _____

Owner's Signature: _____ **Print Name:** _____
(if other than applicant)

SUBMITTAL CHECKLIST

[See Applicable Zoning Bylaws for Specific Requirements]

- Application Form (2x) – Please note both copies must be originals, 1 copy for Planning and 1 copy for Town Clerk**
- Application Fee is \$250.00 payable to the Town of Dartmouth. The cost for an outside consultant review shall be borne by the Applicant.**
- A separate check for legal advertising.
Amount to be determined prior to publication**
- Receipt from Town Collector that there are no tax issues with the subject parcel(s)**
- Two (2) full-sized sets of plans and Seven (7) 11" x 17" copies**
- Electronic set of plans forwarded to Planning Director (CAD & PDF)**
- Certified abutters list and pre-addressed, self-sticking labels**