



# Town of Dartmouth

## Office of the Zoning Board of Appeals

400 Slocum Road, Dartmouth, MA 02747  
Telephone (508) 910-1868 ♦ Fax (508) 910-1833

### APPLICATION Comprehensive Permit

**CASE #** \_\_\_\_\_  
(Assigned by Zoning Staff Assistant)

#### **SUBJECT PROPERTY ADDRESS**

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Map(s) \_\_\_\_\_ Lot(s) \_\_\_\_\_ Book(s) & Page(s) \_\_\_\_\_

**PROPOSED PROJECT NAME:** \_\_\_\_\_

#### **PROPERTY OWNER:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**PRESENT OWNERSHIP SINCE:** \_\_\_\_\_

**APPLICANT/PETITIONER, IF DIFFERENT FROM OWNER:** \_\_\_\_\_

#### **REPRESENTATIVE(S) FOR APPLICANT/PETITIONER**

Relationship to Property Owner (Example – Spouse, Attorney, Engineer) \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship to Property Owner (Example – Spouse, Attorney, Engineer) \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### **PROJECT CONTACT PERSON** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**COMPREHENSIVE PERMIT**

**Project Description**

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**REQUESTED WAIVERS:**

**Provisions of Zoning By-Laws Section and By-law Requirement**

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**Zoning District(s) of Property:** \_\_\_\_\_

**Is this property located in any overlay district?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which overlay district? \_\_\_\_\_

**Has there been action taken by the Board of Appeals regarding this property?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

**PROPOSAL**

**Total Number of Buildings** \_\_\_\_\_

**Number of Stories in each Building** \_\_\_\_\_

**Height of Each Building** \_\_\_\_\_

**Number and Type of Units**  
**(Apartment, Townhouse, Single-Family Dwellings)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Rental or ownership of units:** \_\_\_\_\_

**UNITS**

**Number of Affordable Units/Market Rate Units – Breakdown by Bedroom**

**AFFORDABLE**

**One Bedroom** \_\_\_\_\_ **Two Bedroom** \_\_\_\_\_

**Three Bedroom** \_\_\_\_\_ **Other** \_\_\_\_\_

**MARKET RATE**

**One Bedroom** \_\_\_\_\_ **Two Bedroom** \_\_\_\_\_

**Three Bedroom** \_\_\_\_\_ **Other** \_\_\_\_\_

**Total Number of Units and Unit Mix within Each Building** \_\_\_\_\_

**Total Number of Handicapped accessible Units** \_\_\_\_\_

**PARKING**

**Required**

**Total Number of Parking Spaces:** \_\_\_\_\_ **Handicapped:** \_\_\_\_\_

**Proposed**

**Total Number of Parking Spaces:** \_\_\_\_\_ **Handicapped:** \_\_\_\_\_

**PUBLIC UTILITIES** (State basis for data entered)

Estimated water consumption \_\_\_\_\_ gal/day

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Estimated discharge to sewer system \_\_\_\_\_ gal/day

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Will any on-site individual sewage disposal systems be designed to receive more than 110 gallons of sewage per quarter acre per day? Yes \_\_\_\_\_ No \_\_\_\_\_

Refuse disposal \_\_\_\_\_ lbs. or tons/day

Proposed method of handling \_\_\_\_\_

What provisions will be made to facilitate the recycling of solid waste? \_\_\_\_\_

**What energy source will be used for heating water?**

Electric \_\_\_\_\_ Gas \_\_\_\_\_ Fuel Oil \_\_\_\_\_ Other \_\_\_\_\_

Estimated peak electrical consumption \_\_\_\_\_ kw

Heating Season \_\_\_\_\_ kw Cooling Season \_\_\_\_\_ kw

Estimated annual electrical energy consumption \_\_\_\_\_ kw

Are energy efficient appliances to be used \_\_\_\_\_

**Does the proposed development involve outside lighting? YES NO**

If YES, state height of lighting fixtures \_\_\_\_\_

**Will the outside lighting shine directly on abutting premises? YES NO**

If yes, describe measures to moderate

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**FIRE SAFETY**

Number of fire hydrants – existing within 200 ft. \_\_\_\_\_ proposed \_\_\_\_\_

Describe access for fire apparatus to building(s)

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**ENVIRONMENTAL IMPACT**

Is this property located in the flood zone? Yes \_\_\_\_ No \_\_\_\_ If yes, which zone? \_\_\_\_\_

Is an Environmental Notification Form required to be filed under M.G.L. c.30, §61-62H, the Massachusetts Environmental Policy Act? YES NO

Have wetlands and/or other wetland resource areas been verified by the Conservation Commission using Massachusetts Wetlands Protection Act (M.G.L. c.132, §40) procedures? YES NO

What percentage of the property is/are Wetland Resource Areas \_\_\_\_\_  
Flood plains \_\_\_\_\_

Will either be altered as a result of the project? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

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Will a permit pursuant to the Massachusetts Wetland Protection Act (M.G.L. c.131, §40) and/or the Dartmouth Wetlands Protection By-law be required for this project? YES NO

Open Space in square feet (%)

|                 | Existing | Proposed |
|-----------------|----------|----------|
| Landscaped area | _____    | _____    |
| Natural         | _____    | _____    |
| Recreational    | _____    | _____    |

Will this project create any additional, permanently protected open space areas? YES NO

If yes, how much open space will be protected, and by what mechanism will the open space be protected (Conservation restriction, deed restriction, donation to Conservation Commission or other conservation organization, etc.)

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**Will the project affect the condition, use, or access to any existing public open space or recreation area? If so, how:**

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|--|-----------------|-----------------|
| <b>TOTAL SUBJECT PROPERTY LOT AREA in S.F.</b> _____ |                 |                 |
| <b>Lot Coverage in s.f. ( % )</b>                    | <b>Existing</b> | <b>Proposed</b> |
| <b>Buildings</b>                                     | _____           | _____           |
| <b>Drives &amp; Parking</b>                          | _____           | _____           |
| <b>Other (identify):</b> _____                       | _____           | _____           |
| _____  | _____           | _____           |
| _____  | _____           | _____           |
| _____  | _____           | _____           |
| <b>Total Proposed Lot Coverage:</b> _____            |                 |                 |

**Will the project result in significant changes in existing drainage patterns? YES NO**

**Will the project be subject to Massachusetts Department of Environmental Protection storm water regulations? YES NO**

Describe measures you will be using to minimize the impact on surface drainage and drainage patterns

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**Will the proposed development contribute in any way to pollution of groundwater, surface water, or waterway? YES NO**

If yes, explain:

Oil \_\_\_\_\_ Salt \_\_\_\_\_ Chemicals \_\_\_\_\_ Other \_\_\_\_\_

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Describe proposed measures you will be using to eliminate or minimize such pollution:

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**Does the proposed development involve storage of any of the following materials above or below the ground?**

De-icing chemicals or other related materials \_\_\_\_\_  
Commercial fertilizers and other related materials \_\_\_\_\_  
Hazardous materials \_\_\_\_\_  
Liquid petroleum products \_\_\_\_\_

If yes, list specific materials to be stored and how they will be stored:

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**Will the project involve blasting or pile driving? YES NO**

**What is the type and approximate volume of the material to be removed? \_\_\_\_\_**

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**Describe method and plan for disposal of removed material.** \_\_\_\_\_

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**Will the project require the removal of any street trees protected under M.G.L. c.87? YES NO**

**If yes, how many?** \_\_\_\_\_

**Will any site or structure of historic or archaeological significance be affected? YES NO**

**If yes, explain:**

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**Signature of Applicant:** \_\_\_\_\_

**Signature of Owner (If other than Applicant):** \_\_\_\_\_

**Date:** \_\_\_\_\_



**SIGNATURE SHEETS**

The Board recommends that you meet with the following offices prior to submitting your application.  
If a department does not apply to your case, write N/A (not applicable) on the signature line.

**ZONING ENFORCEMENT OFFICER – (508) 910-1825**

Comment:

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**Zoning Enforcement Officer’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLANNING DEPARTMENT – (508) 910-1816**

Comment:

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**Planning Director’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BOARD OF HEALTH – (508) 910-1804**

Comment:

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**Director of Public Health’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONSERVATION-(508)910-1822**

Comment:

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**Environmental Affairs Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**SOIL BOARD – (508) 910-1804**

Comment:

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**Soil Board Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**DEPARTMENT OF PUBLIC WORKS – (508) 999-0740 Ext. 220**

Comment:

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**Director of Public Works Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**More Contact Information**

Select Board’s Office (508) 910-1813  
Town Clerk (508) 910-1800

**Fire Departments**

District 1 – (508) 996-1596  
District 2 – (508) 636-2441  
District 3 – (508) 994-6761

Safety Officer (508) 910-1754