



PROCEDURE FOR SUBMITTING APPLICATION FOR SPECIAL PERMIT

The following information and requirements must be filed with all Applications for Special Permit consistent with the Rules, Regulations and Fee Schedule of the Truro Planning Board: **Note: Submittals must be collated into 12 packets.**

1 – Application Form – Original and Eleven (11) Copies

Every application for action by the Board shall be made on an official form. These forms shall be furnished by the Planning Board Secretary and/or Building Department upon request. Any communications purporting to be an application shall be treated as mere notice of intention to such relief until such time as it is made on an official application form accompanied by all requisite supporting data.

2 – Required Plan(s) and Other Information (Twelve (12) Copies) – These documents must be folded to fit in a letter size folder

Every application and petition to the Board shall be accompanied by all the plans and other information required in the Zoning By-law for the type of Special Permit requested (including but not limited to §40.2 Affordable Accessory Dwelling Unit; §40.4 Wind Generators, and; §40.5 Communication Structures)

3 – Filing Fee

All applications shall be accompanied by a check payable to the Town of Truro in the amount of **\$50.00**. The filing fee is non-refundable.

4 – Certified Abutters List (Original and Eleven (11) Copies)

A Certified Abutters List shall be obtained by the Applicant from the Truro Assessors Office and filed along with the items outline in Sections 1 – 3 above. A copy of the “Certified Abutters List Request Form” is included in this packet.

With this information before it, the Planning Board will then proceed to post notice of a public hearing in accordance with Section 11 of Chapter 40A of the General Laws of Massachusetts.

Either you or your agent/representative shall appear before the Board at the scheduled hearing. If you need to re-schedule, you must submit a request in writing for a continuance. To do so, contact the Planning Board secretary by mail or telephone.

Additional information may be submitted prior to the scheduled public hearing, provided it is received no less than one week prior to the hearing. Such additional information – 12 copies of each – shall first be submitted to the Town Clerk to be date stamped. Information received less than one week before the scheduled hearing, may result in a continuance of the hearing.

Please do not include a copy of these instructions with the application



APPLICATION FOR SPECIAL PERMIT

Date _____

To the Town Clerk of the Town of Truro, MA

The undersigned hereby files with specific grounds for this application:

Applicant seeks approval and authorization of uses under Section _____ of the Truro Zoning By-law

concerning (*describe*) _____

Property Address _____ Map(s) and Parcel(s) _____

Registry of Deeds title reference: Book _____, Page _____, or Certificate of Title

Number _____ and Land Ct. Lot # _____ and Plan # _____

Applicant's Name _____

Applicant's Legal Mailing Address _____

Applicant's Phone(s), Fax and Email _____

Applicant is one of the following: (*please check appropriate box*)

Owner

Prospective Buyer*

Other* *Written Permission of the owner is required for submittal of this application.

Owner's Name _____

Owner's Address _____

Representative's Name and Address _____

Representative's Phone(s), Fax and Email _____

Applicant(s)/Representative Signature

Owner(s) Signature or written permission

Your signature(s) on this application authorizes the Members of the Planning Board and town staff to visit and enter upon the subject property.

Applications must be typed or printed clearly with black or blue ink.



**TOWN OF TRURO
ASSESSORS OFFICE**

**CERTIFIED ABUTTERS LIST
REQUEST FORM**

NAME OF APPLICANT: _____

NAME OF AGENT (if any): _____

MAIL ADDRESS: _____

PHONE: HOME _____
WORK _____
CELL _____

PROPERTY LOCATION: _____
(street address)

PROPERTY IDENTIFICATION NUMBER: MAP _____ PARCEL _____

ABUTTERS NEEDED FOR:

(Please check one)	FEE:		FEE:
<input type="checkbox"/> Board of Health	\$10.00	Planning Board	
<input type="checkbox"/> Cape Cod Comm.	\$15.00	<input type="checkbox"/> Special Permit	\$15.00
<input type="checkbox"/> Conservation Comm.	\$10.00	<input type="checkbox"/> Site Plan	\$15.00
<input type="checkbox"/> Licensing Board	\$ _____ (Inquire)	<input type="checkbox"/> Subdivision (Prelim or Def)	\$15.00
		Zoning Board of Appeals	
		<input type="checkbox"/> Special Permit	\$15.00
		<input type="checkbox"/> Variance	\$15.00
<input type="checkbox"/> Other _____			\$ _____ (Inquire)

Please Specify

note: we have 10 business days to process your order

THIS SECTION FOR ASSESSORS OFFICE USE ONLY

Date request received by Assessors: _____ Date completed: _____

List completed by: _____

Revised 4/30/08