



PLANNING DEPARTMENT

TOWN OF GRAFTON
GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MASSACHUSETTS 01519
(508) 839-5335 ext 1120 • FAX (508) 839-4602
planningdept@grafton-ma.gov
www.grafton-ma.gov

SPECIAL PERMIT & SITE PLAN APPROVAL APPLICATION SUBMISSION REQUIREMENTS

Submission Requirements: Special Permit Applications are evaluated in accordance with Section 1.5** of the Grafton Zoning By-Law. Site Plan Approval Applications must be prepared in accordance with Section 1.3.3 of the Grafton Zoning By-Law.

**** Please note: additional requirements may apply depending on the nature of your project and zoning district. Please refer to the Grafton Zoning By-Law Table of Contents in particular Sections 4 -8 and Section 12.**

Pre-submission Review – Applicants wishing to discuss or review their application in draft format or prior to formal submission can contact the office to discuss their options.

Submission: All application materials must be presented in a complete packet at the time of submission in order for staff to review and schedule a hearing. All applications must be submitted in person to the Planning Department during regular business hours – Monday through Friday, 8:30 a.m. – 4:30 p.m. No electronic or mail in submissions allowed.

Required Submission Materials:

- 1. Application for Special Permit**
- 2. Application for Site Plan Approval and support materials – See Section 1.3.3 of the ZBL**
- 3. Certificate of Good Standing** – Located on the Town of Grafton website – Planning Department / Applications & Submission Information. This must be completed and signed by the Treasurer / Collector’s Office. Please allow for three (3) business days to process each request. Applications will not be accepted without this document.
- 4. Project Description / Narrative**
- 5. List of Waiver Requests** – Typically applies to Section 1.3.3.(d) – Site Plan Requirements and Section 8.2 = Traffic Study; see website for examples.
- 6. Abutter Notification Materials** – follow instructions
- 7. Fee** – see fee schedule on the Town of Grafton website: Planning Department / Applications & Submission Information
- 8. Additional Materials as Needed / Required to support the Application.**
- 9. Copies Required** – This can vary significantly depending on the project. Please contact the office in advance of submission and you will be instructed as to how many copies to submit.
- 10. Other Materials required by the Grafton Zoning By-Law.**



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APPLICATION FOR SPECIAL PERMIT

Application No. _____

APPLICANT & PROPERTY OWNER INFORMATION

NAME _____

STREET _____ CITY/TOWN _____

STATE _____ ZIP _____ TELEPHONE _____

NAME OF PROPERTY OWNER (if different from Applicant) _____

Deed recorded in the Worcester District Registry of Deeds Book _____ Page _____

SITE INFORMATION:

STREET AND NUMBER _____

ZONING DISTRICT _____ ASSESSOR'S MAP _____ LOT #(S) _____

LOT SIZE _____ FRONTAGE _____

CURRENT USE _____

PROJECT/PLAN INFORMATION:

PLAN TITLE _____

PREPARED BY (name/address of PE/ Architect) _____

DATES _____

Use for which Special Permit is sought: (refer to § 3.2.3.1 of the Zoning Bylaw - Use Regulation Table):

Cite all appropriate sections of the Zoning By-Law which pertain to this Application, Use and Site:

TO THE GRAFTON PLANNING BOARD:

The undersigned, being the APPLICANT named above, hereby applies for a SPECIAL PERMIT to be granted by the Planning Board and certifies that, to the best of APPLICANT'S knowledge and belief, the information contained herein is correct and complete.

Applicant's Signature _____ Date: _____

Property Owner's Signature (if not Applicant) _____ Date: _____



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APPLICATION FOR SITE PLAN APPROVAL

Application No. _____

APPLICANT NAME: _____

STREET _____ CITY/TOWN _____

STATE _____ ZIP _____ TELEPHONE _____

PROPERTY OWNER NAME: _____

STREET _____ CITY/TOWN _____

STATE _____ ZIP _____ TELEPHONE _____

Deed recorded in the Worcester District Registry of Deeds Book _____ Page _____

CONTACT PERSON'S NAME: _____

TELEPHONE _____

SITE INFORMATION:

STREET AND NUMBER _____

ZONING DISTRICT _____ ASSESSOR'S MAP _____ LOT #(S) _____

LOT SIZE _____ FRONTAGE _____

CURRENT USE _____

PLAN INFORMATION:

PLAN TITLE _____

PREPARED BY _____

DATE PREPARED _____ REVISION DATE _____

Describe proposed changes / additions: _____

TO THE GRAFTON PLANNING BOARD:

The undersigned, being the APPLICANT named above, hereby applies for approval of the above entitled SITE PLAN by the Planning Board and certifies that, to the best of APPLICANT'S knowledge and belief, the information contained herein is correct and complete and that said PLAN conforms with the requirements of the Zoning By-Law of the Town of Grafton.

Applicant's Signature _____ Date: _____

Property Owner's Signature (if not Applicant) _____ Date: _____