



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 APPLICATION SUBMISSION REQUIREMENTS

Submission Requirements: Special Permit Applications are evaluated in accordance with Section 1.5** 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. 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.
- 3. Project Description / Narrative**
- 4. List of Waiver Requests**
- 5. Abutter Notification Materials** – follow instructions
- 6. Fee** – see fee schedule on the Town of Grafton website: Planning Department / Applications & Submission Information
- 7. Additional Materials as Needed / Required to support the Application.**
- 8. 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.
- 9. 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: _____