Office of The Planning Board
7 Main Street, Unit #7
HUBBARDSTON MASSACHUSETTS 01452
TEL: (978) 928-1400 X208
FAX: (978) 928-3392

Application for Special Permit

APPLICANT'S NAME:	
APPLICANT'S ADDRESS & PHONE NUMBER:	
LOCATION:	
ADDRESS OF ABOVE:	
DEED DULY RECORDED IN WORCESTER COUNTY REGISTRY OF DEEDS:	BOOK # ___ PAGE # ___
ASSESSOR'S	MAP # ___ PARCEL # ___
ZONING DISTRICT WHERE PROPERTY IS LOCATED:	
NATURE OF APPLICATION: (USE REVERSE OF THIS FORM FOR ADDITIONAL SPACE.)	
STATE APPLICABLE SECTION OF ZONING BYLAW THAT APPLIES TO THIS REQUEST:	

I hereby request a hearing before the Planning Board, the Special Permit Granting Authority of Hubbardston, Massachusetts, with reference to the above application. In the event that a Special Permit is granted, I will record same with the Worcester County Registry of Deeds or Land Court.

_____ _____

Signature of Applicant Date Signature of Owner of Record Date

Pursuant to the provisions of M.G.L. Chapter 40, Section 57, certification that no debt is owed to the Town of Hubbardston by the applicant or owner of record must be obtained from the Tax Collector **before** this form is submitted to the Planning Board.

No Debt is Owed: _____ *DEBT IS OWED:* _____

_____

Signature of Tax Collector Date

Date Application Received by Planning Board: _____

Fee: *$150.00 payable to the Town of Hubbardston. Along with the application, please submit the permit fee, list of abutters certified by the Assessor's Department and drawn plan detailing your proposal.*