



TOWN OF CARVER

Planning Board

108 Main Street, Carver, MA 02330
Tel: 508-866-3405 • Fax: 508-866-3430
Email: Carver.Planning@carverma.gov

Planning Board: Special Permit

- ☐ 8 full sized set of plans
- ☐ (1) 11x17 set of plans
- ☐ PDF of Plans
- ☐ PDF of Storm Water Report
- ☐ 8 Completed Application Forms
- ☐ Brief Narrative of Project
- ☐ \$500 check payable to "Town of Carver" for filing fee
- ☐ Review check payable to "Town of Carver" calculated at \$500/acre
- ☐ Certified abutters labels from Assessor's office

Application Deadline: 4 Thursdays before the Agenda Date.

2 Newspapers ads: 1st ad must appear 3 Fridays before Agenda Date; 2nd ad on following Friday.

Send *Certified Mail* to abutters and surrounding towns after 1st newspaper ad appears.

Stamp application in with the Town Clerk.

The Board has 90-days from the *close of the public hearing* to make a decision.

Decisions sent by regular mail to abutters.

There is a 20-day appeal period.



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APPLICATION FOR SPECIAL PERMIT UNDER THE ZONING BYLAW

To: The Planning Board
Carver, MA 02330

Please supply the following information (print legibly or type)

Applicant: Name _____

Address (mailing) _____

Phone _____

Project: Street Address _____

Assessors Sheet _____

Application for Special Permit as authorized by zoning section (s) _____

Briefly describe project:

Principal Products or Services: _____

Zoning District: _____
Business/Commercial _____
Industrial _____
Industrial Zone _____

Dimension of lot _____

Dimension of building (s) _____

Description of open yards for storage, processing or other operations:

Does this project require Site Plan Review? _____

Any other Special Permits? (explain) _____

List any "toxic or hazardous materials" (as defined by the Zoning Bylaw) which will be involved in the construction or eventual operation of the project:

Will project involve above or below ground storage tanks? (describe)

Describe or attach a description of measures planned to eliminate adverse environmental effects due to spillage, leakage, or other discharge of hazardous materials, smoke, odor, noise, fumes, gases, or any other cause:

Signature of Applicant _____

Signature of Owner (if not applicant) _____

Owner Address _____

Owner Phone # _____ Owner Email _____

Date: _____



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CERTIFIED ABUTTER'S LIST REQUEST

The Assessor's Office will certify the names and mailing addresses of all abutters.
The office has 10 business days to complete this request.
The fee for this service is subject to the Fee Schedule.

Applicant: _____

Mailing Address: _____

Telephone: _____

Location of Property: _____

Map: _____ Lot: _____ Key # _____

For: _____ Board of Selectman

_____ Conservation Commission (100')

_____ Zoning Board of Appeals

_____ Planning Board

_____ Earth Removal

_____ Board of Health (100')

Map / Lot

Map / Lot

Map / Lot

Note: Once a certified abutter's list is complete—the certification is only good for 30 day from the date on the letter.

____ I DO NOT HAVE A MEETING DATE BEFORE THE BOARD CHECKED ABOVE BUT WILL CALL TO ACTIVATE THIS REQUEST ONCE I KNOW THE DATE OF MY HEARING/MEETING.