



TOWN OF CARVER PLANNING BOARD

108 Main Street
CARVER, MASSACHUSETTS 02330
508-866-3450 Jack.Hunter@carverma.org

APPLICATION FOR SPECIAL PERMIT UNDER THE ZONING BYLAW

To: The Planning Board
Carver, MA 02330

FILE # _____

Please supply the following information (print legibly or type)

Applicant: Name _____

Address (mailing) _____

Phone _____

Email _____

Project: Street Address _____

Assessors Sheet _____

The undersigned's title to said land is derived from _____
By deed dated _____ and recorded in the Plymouth
District Registry of Deeds Book _____, Page _____, registered
in the Plymouth Registry District of the Land Court, Certificate of Title
No. _____.

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 _____

Date: _____