



## TOWN OF NORTHBRIDGE PLANNING BOARD

### APPLICATION FOR SITE PLAN REVIEW

NORTHBRIDGE MEMORIAL TOWN HALL - 7 MAIN STREET - WHITINSVILLE, MA 01588  
PHONE (508) 234-2447 - FAX (508) 234-0814

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Contact information: mailing address / phone #: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Contact information: mailing address / phone #: \_\_\_\_\_

#### **To the Planning Board of the Town of Northbridge**

The undersigned, being the applicant for approval of a site plan review shown on a plan entitled: \_\_\_\_\_

designed by \_\_\_\_\_, dated \_\_\_\_\_ and described as follows:

A plan showing \_\_\_\_\_

Location (Street address): \_\_\_\_\_

Assessor Plat Info: Map \_\_\_\_\_ Parcel(s) \_\_\_\_\_

Zoning District: \_\_\_\_\_

Total acreage of tract: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Total square footage of gross floor area proposed: \_\_\_\_\_

Project is a new structure or group of structures: Yes ☐ No ☐

Project is an improvement, alteration, or addition to existing structures: Yes ☐ No ☐

Specify if proposal requires permit/approval(s) from other permitting authorities: Yes ☐ No ☐ Unknown ☐

Will project require: Special Permit ☐ and/or Variance ☐ (Explain in narrative to be included with application)

#### **Applicant hereby submits site plan in accordance with the Northbridge Zoning By-law Article X Section 173-49.1 for approval**

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Telephone: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Telephone: \_\_\_\_\_

Applicant's Authorization if not the owner: \_\_\_\_\_

#### **Official Use Only:**

Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Date of Public Hearing / Meeting(s): \_\_\_\_\_

#### **Received by the Office of the Town Clerk:**

Permit application #: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Signature: \_\_\_\_\_