



CITY OF GLOUCESTER
GLOUCESTER, MASSACHUSETTS
01930

CITY OF GLOUCESTER
Special Permit Application

(Public hearing to be held no later than
above date)

In conformance with the requirements of the Zoning Ordinance of the City of Gloucester, the undersigned hereby applies for a Special Permit (CC or CCS) in accordance with Section 1.8.3 of the Ordinance and other Sections as listed below:

Type of Permit (Give specific section of Zoning Ordinance)

Applicant's Name: _____

Owner's
Name: _____
(if different from applicant)

Location: _____ Map # _____ Lot # _____
(Street Address)

Zoning Classification: _____

- Attached is a list of owners (with complete addresses) of land directly opposite on any public or private street or way, direct abutters, and abutters to the abutters of land within three hundred (300) feet of the property line, as they appear on the most recent City of Gloucester Assessor's Maps and Tax list.
- Attached is a listing of criteria set forth in Section 1.8.3 of the Zoning Ordinance, including any supportive material or comments the applicant may wish to include (i.e. ZBA decisions, Order of Conditions, etc.) if necessary.
- Attached are the necessary plans as set forth in Section 1.5.3, of the Zoning Ordinance, which at a minimum consist of an accurate plot plan (to scale) showing existing and/or proposed building or structures.

City of Gloucester - Action
Fee: _____
 City Clerk (received): _____
 City Council (received): _____
 Public Hearing (ordered): _____
 Public Hearing (opened): _____
 Public Hearing (closed): _____
 Final Decision: _____
 Disposition _____
 (Approved, Denied, Approved w/conditions)

APPLICANT:

Name (Signature)

Address

Telephone

Certified for completeness:

Building Inspector: _____ Date: _____
Planning Director: _____ Date: _____

Section 1.8.3 (Use additional sheets, if necessary)

1. Social, Economic, or community need served by the proposal:

2. Traffic flow and safety:

3. Adequacy of utilities and other public services:

4. Neighborhood character and social structure:

5. Qualities of the natural environment:

6. Potential fiscal impact:

The applicant is advised that City staff is available to assist the applicant in preparing the Application, including the Inspector of Buildings and City Planner

Application for Special Permit

The undersigned applicant hereby applies for a special permit under M.G.L., Ch. 40A, § 9 as follows.

1. Applicant (includes equitable owner or purchaser on a purchase and sales agreement):

Name: _____

Address: _____

Tel.# Days _____ Evenings _____

_____ Check here if you are the purchaser on a purchase and sales agreement.

2. Owner, if other than applicant:

Name: _____

Address: _____

Tel.# Days _____ Evenings _____

3. Property:

Street address: _____

Assessor's Map: _____ Lot: _____

Registry of Deeds where deed, plan, or both records:

Deed recording: Book _____ Page _____

Plan recording: Plan # _____

Property is located in the _____ zoning district.

4. Nature of relief requested:

Special permit pursuant to Article/Section _____ of the Zoning Ordinance/By-Law

which authorizes _____ to permit

Detailed explanation of request:

5. Evidence to support grant of special permit:

Because of reasons set forth below, the special permit requested will be in harmony with the intent and purpose of the Zoning Ordinance/By-Law:

Because of reasons set forth below, the special permit requested will meet the additional requirements of the Zoning Ordinance/By-Law as follows:

If someone other than owner or equitable owner (purchaser on a purchase and sales agreement) is the Applicant or will represent the Applicant, owner or equitable owner, must designate such representative below.

Name of Representative: _____

Address of Representative: _____

Tel. # Days _____ Evenings _____

Relationship of representative to owner or equitable owner:

I hereby authorize _____ to represent my interests before the
Special Permit Granting Authority with respect to this Special Permit Application.

(Signed by owner/equitable owner) _____

I hereby certify under the pains and penalties of perjury that the information contained in this
Application is true and complete.

_____ Signature of Applicant	_____ Date	_____
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_____ Signature of Owner, if other than Applicant	_____ Date	_____
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_____ Signature of Equitable Owner who is filing application to satisfy condition of Purchase and Sales agreement	_____ Date	_____
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