



Town of Pelham Planning Board
351 Amherst Road, Pelham, Massachusetts 01002
Phone: Town Office 253-7129 Town Clerk: 253- 0512

SITE PLAN APPROVAL APPLICATION

Applicant _____

Address _____

Telephone/email _____

Property owner if other than applicant _____

Address _____

Telephone/email _____

Planning Board Use Only	
Application received by PB (date):	_____
Application complete date:	_____
Referred to other boards date:	_____
Boards referred to:	_____
35-day referral period end date:	_____
65-day PB review period end date:	_____
Final PB decision date:	_____
Transmit to Bldg. Ins. (date-within 7 days):	_____

Attorney/Engineer/Architect (if any) _____

Address _____

Telephone/email _____

Name and Brief Description of Project (attach additional sheets if necessary)

Is this site plan review part of a special permit application? ___yes no___

Is this an amendment to a previously granted site plan? ___yes no___

Property Address _____

Assessor Map/Parcel #s _____

Property Deed Book/Page #s _____

Zoning District _____

Applicable Bylaw Section(s) _____

PLANNING BOARD SITE PLAN REVIEW APPLICATION (Page 2)

Justification for Waivers of Required Information (see Zoning Bylaw Section 125-26) :

Site Planning or Mitigation Measures (attach additional materials/plans as necessary):

Signature of Applicant

Signature of Property Owner(s)

Town Hall and Planning Board Office Use Only

8 Copies filed with Town Clerk on: _____ **\$.00 fee paid:** _____
(Yes/No)

Transmitted to Planning Board: _____
(Date)

Signature of Town Clerk or Planning Board _____
(Date)