



SPEC #: _____

TOWN OF WILMINGTON PLANNING BOARD

APPLICATION FOR HEARING

LOCATION:

LOT AREA:

ASSESSOR'S MAP # :

PARCEL # :

ZONING DISTRICT:

GWPD

APPLICANT:

TELEPHONE #:

ADDRESS:

OWNER'S NAME:

TELEPHONE #:

ADDRESS:

AS OWNER OF THE SUBJECT PROPERTY, I HEREBY AUTHORIZE THE ABOVENAMED APPLICANT TO ACT ON MY BEHALF IN ALL MATTERS RELATIVE TO THIS APPLICATION.

Signature of Owner

Deed to the property is recorded in the Middlesex Registry of Deeds:

(This information must be provided and can be found on the property tax bill or the Assessor's online database.)

BOOK _____ PAGE _____ DATE _____

Land Is Registered

CERTIFICATE NO. _____ BOOK _____ PAGE _____ DATE _____

LAND COURT PLAN NO. _____ BOOK _____ PAGE _____ DATE _____

NATURE OF YOUR REQUEST MUST BE ITEMIZED FOR EACH SPECIAL PERMIT EXCEPTION OF THE ZONING BYLAW. ATTACHED A SEPARATE SHEET FOR ITEMIZATION, IF NEEDED.

Special Permit for Sign

ZONING BYLAW SECTION: _____

PROVIDE A WRITTEN DESCRIPTION OF THE PROPOSED WORK/ACTIVITY. ATTACH SKETCH OF PROPOSED SIGN WITH SPECIFICATIONS AND DIMENSIONS. ITEMIZE THE PROPOSED CHANGES FROM THOSE ALLOWED UNDER THE ZONING BYLAW.

Signature of Applicant/or representative _____

PLEASE SUBMIT 13 COPIES FOR REVIEW BY THE COMMUNITY DEVELOPMENT TECHNICAL REVIEW.