OFFICE USE: IH SP# ___-___

APPLICATION FOR INCLUSIONARY HOUSING SPECIAL PERMIT
TOWN OF WILMINGTON, MASSACHUSETTS

The undersigned hereby submits the attached site plan and supporting documents for special permit review under Section 6.11 of the Zoning Bylaw.

Applicant: _____ Owner: _____

Address: _____ Address: _____

_____ _____

Telephone: ( )_____ Telephone: ( )_____

Business: _____

Project Location (Address): _____

Assessor's Map(s) _____ Parcel(s) _____

Zoning Classification: CB [ ] NM [ ] Other [ ] _____

Groundwater Protection District: Yes [ ] No [ ]

Over 55 Overlay District: Yes [ ] No [ ]

Total Number of Units Proposed: _____

Number of Affordable Units Proposed: _____

Seeking Density Bonus Units: Yes [ ] No [ ]

Requested Number of Bonus Units: _____

Description of project:

_____

_____

_____

_____

_____

Affordable Units

Unit/House Number (from site plan)	Number of Bedrooms	Number of Bathrooms	Square Footage	Rental or Ownership	Level of Affordability (% AMI)

Market-Rate Units

Number of Units	Number of Bedrooms	Square Footage	Rental or Ownership

Description of how market-rate units compare to affordable units (parking, amenities, appliances, finishes, etc.):

_____

_____

_____

_____

_____

_____

_____

I (we) understand that the submittal of this application authorizes members and agents of the Planning Board to conduct site visits and monitor site construction work.

Signature of applicant: _____

Signature of owner: _____

Signature of Engineer/ Land Surveyor: _____

_____
(Name typed/printed)

Address: _____

_____

Telephone: _____