



TOWN OF WARREN
PLANNING BOARD
WARREN, MASSACHUSETTS 01083

PLANNING BOARD
SITE PLAN APPROVAL APPLICATION

Zoning Permit #: _____ Site Plan Approval Application # _____

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

Name: _____

Mailing Address: _____

Telephone #: () _____ Email Address: _____

Owner (if other than Applicant):

Name: _____

Mailing Address: _____

Telephone #: () _____ Email Address: _____

Property Information:

The land that is the subject of this Application is located on:

Street Address: _____

Assessors' Map # _____ Lot # _____ Lot Size: _____

Zoning District: _____ Ground Water Protection District: Yes ___ No ___

Flood Plain District: _____ NA Zone: _____

Worcester District Registry of Deeds Information:

Book # _____ Page # _____ Plan Recording # _____

Summary description of the project for which site plan approval is required.

Designated Representative (if applicable):

Name of Representative: _____

Address of Representative: _____

Telephone #: () _____ E-Mail Address: _____

I hereby authorize to represent my interest before

the Planning Board with respect to Site Plan Approval Application No. _____.

Signature of Owner or Equitable Owner

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

Signature of Petitioner

Date

Signature of Owner (if other than Petitioner)

Date

Signature of Equitable Owner Date (Purchase & Sales Agreement) .

Town Clerk's Seal

Certified Date/Time:

Laura J. Stockley, Town Clerk