



Town of Northborough

Planning Department

63 Main Street

Northborough, Massachusetts 01532-1994

(508) 393-5019 Office (508) 393-6996 Fax

www.town.northborough.ma.us

planning@town.northborough.ma.us

Application

Check one of the following:

Site Plan Approval

Special Permit _____

Common Driveway Special Permit _____

Wireless Communications Facility Special Permit _____

Wireless Communications Facility Site Plan Review _____

Special Permit per Groundwater Protection Overlay District Bylaw _____

1. Name, address and phone number and email address of each applicant:

Town of Northborough - Town Administrator
63 Main Street, Northborough, MA 01532
(508) 393-5040 x1
tmcinerney@town.northborough.ma.us

2. The undersigned submits under oath the information and representations contained in all statements made herein for consideration by the Board in its determination of the application.

Yes _____ No _____

3. The basis for this application is found in the following section(s) of the Northborough Zoning Bylaw:

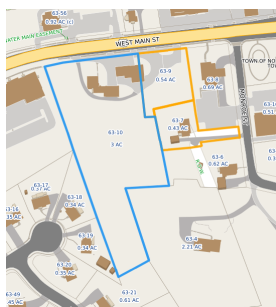
Site Plan Approval from the Planning Board in accordance with Zoning Bylaw Section 7-03-050.

4. Street address, map & parcel, and GIS map & parcel to readily identify the land which is subject of this application:

61 West Main Street:
Map 63 Lot 9 Parcel 2

65 West Main Street:
Map 63 Lot 10 Parcel 1

10 Monroe Street:
Map 63 Lot 7



5. Name and address of each holder of legal title to the land which is the subject of this application. List each name exactly as it appears in the deed under which such title is derived.

Name: Town of Northborough

Address: 63 Main Street Northborough, MA 01532

6. If the undersigned has/have any knowledge of a prior application concerning the land involved in this application, provide the date of the application and describe the application.

Zoning application. Submitted March 1, 2024.

7. In addition to providing the information required in the Zoning Bylaw, briefly summarize the application and provide any additional information which you consider important in the determination of the Board's decision:

Please see application narrative attached.

8. The name, mailing address, and phone number of each attorney, engineer, or other representative of the undersigned are as follows:

Jim Jackson, Civil Engineer
10 Lincoln Road Suite 210
Foxboro, MA 02035
(508) 543-1755

Signed this _____ day of _____, 2002.

Applicant

COMMONWEALTH OF MASSACHUSETTS

_____, ss.

Date

Then personally appeared the above-named _____
And made oath and said that the foregoing statements and representations contained in
the application herein and attachments hereto, are true and accurate to the best of
his/her/their knowledge, information and belief, before me.

Notary Public

OFFICE OF TOWN CLERK
Northborough, Massachusetts

Date

Application filing fee _____ dollars (\$ _____)
received this date.

Town Clerk