

Town of Concord
Department of Planning and
Land Management
141 Keyes Road
Concord, MA 01742
Tel: (978) 318-3290
Fax: (978) 318-3291



Residential Compound Special Permit Application

Town Use Only

Received by the Planning Board:

Town Clerk Stamped Received:

Definitive Subdivision Plan Number: _____

Hearing Date: _____

1 Application Information

Nature and justification of request for a special permit under Zoning Bylaw Section 8 Residential Compound: (Attach additional pages if needed.)

2 Property Information

Address or Location of Property: _____

Parcel ID #: _____

Map #: _____

Zoning District: _____

Total land area (acres or square feet): _____

Lot frontage: _____

Present use: _____

Proposed use: _____

Check all applicable:

- Historic District
- Wetlands Conservancy District
- Flood Plain Conservancy District
- Groundwater Conservancy District
- Wireless Overlay District
- White Pond Advisory Area
- Property contains abandoned railroad right-of-way
- 100' Wetland Buffer Zone
- 200' River's Act Area
- Within 2 miles of the end of any Hanscom Field runway

3 APPLICANT AND OWNER INFORMATION

All applications for Residential Compounds shall be reviewed simultaneously with an application for a Definitive Subdivision as prescribed under M.G.L., Chap. 41, Section 81K- 81GG. There shall be no separate filing fee for a Residential Compound Special Permit. The entire fee shall be submitted with the application for a Definitive Subdivision Plan and shall be the same as that for a Definitive Subdivision Plan. The Applicant is responsible for payment of the advertisement of the required Public Hearing Legal Notice.

I (We) hereby request a hearing before the Planning Board with reference to the above application. The undersigned hereby certifies that he/she has read and examined this application and that the proposed project is accurately represented in the statements made in this application.

*Owner(s): _____ Date: _____
(Signature)

_____ Date: _____
(Please Print.)

_____ Date: _____
(Signature)

_____ Date: _____
(Please Print.)

_____ Telephone: _____
(Address, if different from property address)

Applicant(s): _____ Date: _____
(Signature)

_____ Date: _____
(Please Print.)

_____ Date: _____
(Signature)

_____ Date: _____
(Please Print.)

_____ Telephone: _____
(Address, if different from property address)

Applicant is: Owner Tenant Agent/Attorney Purchaser

***The signature of the property owner(s) is required for the application to be accepted.**