

Planning Board
Zoning Board of Appeals

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Town Planner

Town of Leicester

Planning Department



3 Washburn Square
Leicester, MA 01524
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www.leicesterma.org

Application for Special Permit

SP-20 ____ - ____

Applicant

Name of Applicant (primary contact): _____
Address: _____
Phone: _____ Cell: _____
Email Address: _____

Owner

Name of Owner (primary contact): _____
Address: _____
Phone: _____ Cell: _____
Email Address: _____

Request

Choose applicable Zoning Bylaw Section: _____

Will the project require a: **Site Plan Review:** ☐ Yes* ☐ No **Variance:** ☐ Yes* ☐ No *Explain in narrative

Property

Location of Property: _____
Assessor's Tax Map/Parcel Number: _____
Deed Reference – Worcester Registry of Deeds Book/Page Number: _____
Plan Reference – Worcester Registry of Deeds Book/Plan Number: _____
Zoning District: _____ Acreage: _____ Water Source _____ Sewer Source _____
Check all that apply: ☐ Wetlands ☐ Floodplain ☐ Aquifer

Proposal

Brief description of the proposal: _____

Sign

Applicant's signature: _____
Owner's signature: _____
Date: _____

Town Clerk's stamp:

Official Use Only: Preliminary Review By: _____ Date _____
Fee: \$ _____ Date Paid: _____ Check #: _____
Date of Public Hearing: _____
Decision of Board: _____
Date of Decision: _____ Expiration Date: _____