

**SHUTESBURY PLANNING BOARD  
SITE PLAN REVIEW APPLICATION**

**Planning Board Contact:** [planning@shutesbury.org](mailto:planning@shutesbury.org)

\_\_\_\_\_  
Applicant(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/E-mail

\_\_\_\_\_  
Property Owner (if other than applicant)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/E-mail

**Planning Board Use Only**

Application #: \_\_\_\_\_

Filing (received by PB) date: \_\_\_\_\_

Application complete date: \_\_\_\_\_

Referred to other boards date: \_\_\_\_\_

Boards referred to \_\_\_\_\_

35-day referral period end date: \_\_\_\_\_

65-day PB review period end date: \_\_\_\_\_

Final PB decision date: \_\_\_\_\_

Transmit to BI date (w/in 7 days): \_\_\_\_\_

\_\_\_\_\_  
Attorney/Engineer/Architect (if any)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/E-mail

\_\_\_\_\_  
Name and Brief Description of Project (attach additional sheets as necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this site plan review a part of a special permit application?       yes       no

Is this an amendment to previously granted site plan?       yes       no

Property Address \_\_\_\_\_

Assessor Map/Parcel #(s) \_\_\_\_\_

Property Deed Book/Page #(s) \_\_\_\_\_

Zoning District(s) \_\_\_\_\_

Applicable Zoning Bylaw Section(s) \_\_\_\_\_

**Over »**

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Justification for Waivers of Required Information (see Zoning Bylaw Section 9.1-1(B.)):

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Site Planning or Mitigation Measures (attach additional materials/plans as necessary):

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\_\_\_\_\_  
Signature of Applicant(s)

\_\_\_\_\_  
Signature of Property Owner(s)

**TOWN HALL OFFICE USE ONLY**

6 copies filed with Town Clerk on: \_\_\_\_\_  
(Date)

\$100.00 fee paid: \_\_\_\_\_  
(Yes/No)

Transmitted to Planning Board: \_\_\_\_\_  
(Date)

Signature of Town Clerk or PB: \_\_\_\_\_  
(Date)