

FORM D
APPLICATION FOR APPROVAL OF A FRONTAGE WAIVER

Dated: _____

1. Name of Applicant: _____
Address: _____
Signature: _____
2. Name of Engineer: _____
Address: _____
Signature: _____
3. Name of Surveyor: _____
Address: _____
Mass. Registration No.: _____
4. Deed of property recorded in Norfolk Registry of Deeds: Book _____ Page _____
5. Street Location of Property: _____
Zoning District _____ Is the parcel (or any portion thereof) located within the Water Resource Protection District? _____
6. Proposed frontage of lot being created: _____
Required front yard setback for this Zoning District? _____
7. Are there wetlands located within the setback area for structures for this zoning district?

8. Are there any topographical impediments to access into the proposed lot?
Yes _____ No _____. If yes, please explain, _____

Signature of Owner (if not the Applicant)

Address

A list of names and addresses of the abutters of this frontage waiver are taken from the Assessors' records and attached hereto.

Town Collector's Release

The owner of the property for which the Special Permit is being requested is in good standing with respect to any taxes, fees, assessments, betterments or other municipal charges.

Treasurer's Office Representative

Date

Town Clerk Receipt

This application has been received and recorded with the Town Clerk.

Town Clerk's Office

Date