

TOWN OF HOPEDALE
PLANNING BOARD OF
APPEALS TOWN HALL
78 HOPEDALE STREET
HOPEDALE, MA 01747

Application for Special Permit Non-medical Retail Marijuana or Manufacturing Checklist

The Planning Board is pleased to offer the following checklist to help you prepare an application for a hearing. This checklist is offered for guidance only and is not intended as legal advice or a promise to grant relief. Please review the ZBA and Planning Board website for additional helpful information including references to the governing Massachusetts General Laws, detailed rules of procedure, the current zoning map, and the Hopedale Zoning By- laws.

<input type="checkbox"/>	1. Complete "Request for Abutters List" (page2) or obtained from the Assessor's Office.
<input type="checkbox"/>	2. File the Request for Abutters List to the Assessor's Office along with a check for \$25 made out to the Town of Hopedale.
<input type="checkbox"/>	3. Complete the Application for a Hearing. <u>ALL SECTIONS MUST BE FILLED IN.</u>
<input type="checkbox"/>	4. Once the Abutters List has been received, file this list along with the Application for a Hearing with the Town Clerk. A check is required for \$150 for the application fee made out to the Town of Hopedale. 13 copies of the full application is required.
<input type="checkbox"/>	5. File any supporting documents you wish to include with the Application along with 13 copies . Remember you are seeking relief with legal consequences. You want this matter clearly documented with as much detail as possible. Plans should include all property dimensions and detailed construction measurements.
<input type="checkbox"/>	6. If site plan review is required, please include supporting documents and details on this application.
<input type="checkbox"/>	7. Once your application has been filed, the Chairperson will prepare the public hearing with date and time of your hearing. You are required to email this to the newspaper for publication with the dates supplied to you, at legals@wickedlocal.com . Before the publication is noticed, Milford Daily News will require pre-payment. (cost varies from \$300 - \$450) Complete directions will be included in the email to you with this notice.
<input type="checkbox"/>	8. Once you receive validation of payment and publication from the Milford Daily News, please forward to the Planning Board at planning@hopedale.ma.gov or to the Town Clerk's Office.
	THANK YOU for your cooperation in preparing for your hearing.



Office of the Board of Assessors
P.O. Box 7
74 Hopedale Street
Hopedale, MA 01747
Principal Assessor Cheryl Hanly
Tel. (508) 634-2203 x 224
Email: chanly@hopedale-ma.gov

Office of the
Board of Assessors

REQUEST FOR ABUTTER'S LIST

Today's Date: _____

Requester's Name: _____

Mailing Address of Requester: _____

Requester's Contact Number: _____

Address of Subject Property: _____

Subject Property Parcel ID: _____ Map: _____ Block: _____ Lot: _____

Requester's Signature: _____

Do you wish the Abutter's List to be?

Emailed to: _____

Mailed to: _____ or Picked up: _____

Purpose: Building/ZBA (300' Radius)

☐

ConCom (100' Radius)

☐

Other (please specify)

☐

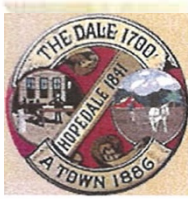
Do Not write below this line

Date Completed: _____

Completed By: _____

Cost: \$25.00 per report type and or per address - checks payable to Town of Hopedale. Lists will not be emailed/mailed until payment is received.

**PLEASE ALLOW TEN (10) BUSINESS
DAYS FOR
COMPLETION**



HOPEDALE PLANNING
BOARD
TOWN HALL
78 HOPEDALE STREET
HOPEDALE, MA 01747

Application for Planning Board Hearing

ALL FIELDS OF THE APPLICATION MUST BE FILLED OUT. IF NOT APPLICABLE, WRITE N/A.

INCOMPLETE OR INCORRECT APPLICATIONS WILL NOT BE ACCEPTED.

APPLICANT INFORMATION

Applicant Name(s)	Applicant Mailing Address
Applicant Telephone Number	Applicant Email Address

PROPERTY OWNER INFORMATION (IF DIFFERENT FROM APPLICANT)

Property Owner Name(s)	Property Owner Mailing Address
Property Owner Telephone Number	Property Owner Email Address

ATTORNEY INFORMATION

Attorney Name(s)	Attorney Mailing Address
Attorney Telephone Number	Attorney Email Address

ENGINEER/CONSULTANT INFORMATION

Engineer/Consultant Name(s)	Engineer/Consultant Mailing Address
Engineer/Consultant Mailing Address	Engineer/Consultant Email Address

PROPERTY INFORMATION

Property Address	Zoning District	Assessor Parcel ID No.	Deed Book and Page or Land Court Certificate No.
Present Use of Property			
Proposed Use of Property			

Reason for Requesting Relief:

Please briefly summarize why you are seeking relief from the Planning Board:

CERTIFICATION OF ALL APPLICANTS

I hereby certify under the penalties of perjury that the above statements and all testimony and documents to be presented by me during the Planning Board public hearing associated with this application are true to the best of my knowledge and belief.

Applicant (s) signature (s) and Date

