

BEDFORD PLANNING BOARD

SPECIAL PERMIT APPLICATION

Date: _____

Applicant Name: _____

Address: _____
(Street) (City/Town) (State) (Zip)

Phone: _____

Type of Activity _____

Zoning Designation: _____ # of Lots: _____

Location: _____

Assessors Map-Lot # _____ Filing Fee: _____

Street (s): _____

Certified List of Abutters: _____ (Please Attach) Plans Attached: _____

Briefly describe what you are planning to do and its impacts on neighboring properties and streets:

Anticipated Completion Date: _____

Variances, Special Permits, Easements: _____ (Please Attach)