



**AQUIFER PROTECTION ZONE APPLICATION
TOWN OF BEDFORD, MA**

To the Selectmen:

Applicant: _____
Address: _____
Telephone No. _____ email address: _____

Address of property for which Special Permit is requested:

Property Owner's Name and Signature: _____
Address: _____

Petitioner's Attorney for case (*if any*) _____

Property Contains _____ square feet

Property Use Type as defined under Table V _____

Located in Zone I, Zone II, Zone III Zone IIIA, or Zone IIIB of the Aquifer Protection District

Request Special Permit pursuant to Zoning Bylaw, Section 13, Subsections 13. _____ Table V, to allow:

Please submit:

- **1 original and 9 copies** of application to the **Town Clerk's Office** with a **\$400.00** check payable to the Town of Bedford.
- Received by Town Clerk _____
- Abutters List Request form and two sets of Abutters labels (*please allow 10 days lead time for preparation of these labels*)

Office Use Only

Public Hearing Scheduled for _____ at _____ p.m.
Abutters Notified on _____