

**Application for a Special Permit Pursuant to
Chapter LV Topsfield Scenic Road By-Law**

Date:	_____
Name of Applicant	_____
Address	_____

Phone Number	_____
e-mail	_____

Location of Work	_____

Scope of Work	<u>Please describe the scope of work. Attach narrative, if necessary.</u>

	<u>Please attach detailed plan showing all proposed work.</u>

Applicant’s Checklist:	<input type="checkbox"/>	Application Form
	<input type="checkbox"/>	Check for Fee(s)
	<input type="checkbox"/>	Abutters’ List
	<input type="checkbox"/>	Detailed plan showing all changes.
	<input type="checkbox"/>	Written approval of Tree Warden
	<input type="checkbox"/>	Written approval of Highway Superintendent

Planning Board Action:	<input type="checkbox"/>	Approved
	<input type="checkbox"/>	Approved with Modifications (See attached.)
	<input type="checkbox"/>	Disapproved (See attached)

Majority	_____
Of the	_____
Planning Board	_____
of the Town of	_____
Topsfield	_____

Date:	_____
-------	-------