

**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 Please describe the scope of work. Attach narrative, if necessary.

Please attach detailed plan showing all proposed work.

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

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

Action:

Majority _____

Of the _____

Planning Board _____

of the Town of _____

Topsfield _____

Date: _____