

One Avenue A (413) 863 2300
Turners Falls 364

(413) 863-3200 ext. 112 Turners Falls, MA 01376 Planner@montague-ma.gov

## MONTAGUE PLANNING BOARD

## APPLICATION FOR PLAN APPROVAL UNDER SMART GROWTH OVERLAY **40R DISTRICTS**

		<b>Date</b>	
Pursuant to the provisions of Section 10 of the Montague Zoning Bylaw, the undersigned herewith submits the accompanying application for a Plan Approval as described below and detailed in the supporting documentation which is incorporated into and made part of this application.			
APPI	LICABLE SMART GROWTH DISTRICT: _		
	b. Mixed-Use Development c. Other (Describe		
GENI	NERAL DESCRIPTION OF REQUEST:		
	ARE FOOTAGE OF NONRESIDENTIAL SPACE PROPOSED:  Applicant		
	Address		
	Telephone		
	Email Address:		
2.	. Owner (if not applicant)		
	Address		
	Email Address:		
3.	. Site Plan Preparer		
	Title or License		
	Address		
	Telephone		



TOWN HALL One Avenue A Turners Falls, MA 01376 PLANNING BOARD (413) 863-3200 ext. 112 Planner@montague-ma.gov

	Email Address:			
4.	ubsidizing agency contact Information  Vame of Subsidizing Agency/Program:			
	Contact Person:			
	Address			
	Telephone			
	Email Address:			
5.	Deed of property recorded in the Franklin County Registry of Deeds,  Book Page			
6.	Location and description of property (street and number if any)			
	Assessors Map # Parcel #			
7.	The subject property is presently in underlying zoning district(s) – Section 4:			
8.	. Is the property in an Overlay District(s) other than the Smart Growth Zoning District (Section 6)?  If so, what Overlay District(s):			
10.	10. Is the subject property located in a National Historic District or listed as a Priority Heritage Landscape? If so, which one?			
11.	Does the subject property abut a designated Scenic Roadway?			
12.	Is the subject property within the designated Montague Economic Development and Industrial Corporation (EDIC) Planning Areas?			
13. Are the materials required by Section 10 and the Administrative Regulations attached?				
I, a	as applicant, certify that the application and all attachments are correct and complete.			
	Signature of Applicant			
	OR PLANNING BOARD OFFICE USE:  Amount of Application Fee: 14. Fee Paid? Yes No			
Su	DR TOWN CLERK (indicate date and time received: bmission received on (Date) at (time) gnature			