



# SITE PLAN REVIEW APPLICATION FORM

RECEIVED:  
Office of Planning and Engineering  
Date: \_\_\_/\_\_\_/\_\_\_  
By: \_\_\_\_\_

Milford Planning Board  
52 Main Street, Milford, MA 01757  
(508) 634-2317 Fax 508-473-2394

In accordance with Section 1.15 of the Milford Zoning By-Law, the undersigned requests Planning Board approval of a Site Plan for the proposed development as described below:

**Property Location:** \_\_\_\_\_  
(address)  
Assessor Map: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_  
Deed Reference: Book \_\_\_\_\_ Page \_\_\_\_\_  
Lot Area: \_\_\_\_\_ Zoning District(s): \_\_\_\_\_

Applicant: \_\_\_\_\_ Owner: \_\_\_\_\_  
(name) (name)  
\_\_\_\_\_  
(address) (address)  
\_\_\_\_\_  
(phone number) (phone number)  
\_\_\_\_\_  
(e-mail address) (e-mail address)

Existing use of premises: \_\_\_\_\_

Proposed use of premises: \_\_\_\_\_

	Existing / Proposed		Existing / Proposed
Number of buildings:	_____/_____	Open space:	_____/_____
Building area:	_____/_____	Parking spaces:	_____/_____
Building height:	_____/_____	Employees:	_____/_____
Lot coverage:	_____/_____	Traffic generation:	_____/_____

List and describe all Special Permits, and/or Variances granted for this site (include dates approved):

\_\_\_\_\_  
\_\_\_\_\_

Application Fee: \$150 +\$75/acre over 1 acre.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Owner's Signature (if different) Date

**Note: Eight copies of this form must be accompanied by the appropriate fee, and eight sets of plans depicting existing and proposed conditions, all as required by pertinent sections of the Milford Zoning By-Law.**

For Planning Board Use Only:

Date received: \_\_\_/\_\_\_/\_\_\_ +65 days = \_\_\_/\_\_\_/\_\_\_ Fee received: \$\_\_\_\_\_ Date Fee received: \_\_\_/\_\_\_/\_\_\_

Copy to:  Engineer  Highway  Fire  Sewer  Water  Con. Com.  Com. on Disabilities