



Town of Westport
Planning Board
856 Main Road
Westport, MA 02790

www.westport-ma.gov
planning@westport-ma.gov

Tel: (508) 636-1037
Fax: (508) 636-1031

SPECIAL PERMIT FOR INCLUSIONARY HOUSING APPLICATION

Application No. _____

Date: _____

This application must be legibly completed (please type), signed, and submitted with the required fees by the Applicant or his representative in accordance with the Planning Board Rules and Regulations as adopted under its jurisdiction as a Special Permit Granting Authority and the procedures as set forth in said rules and Regulations.

Type of Special Permit Required: _____

Site Information:

Street Address/Location of property: _____

Assessor's Map: _____ Assessor's Lot: _____ Lot Area (Acres): _____

Total Number of Units Proposed (T): _____

Total Number of Affordable Units Required & Proposed ($\geq T \times 10\%$): _____ (round up).

Type of Unit (Apt., Townhouse, Detached, etc. and no. of bedrooms)	Number of Units	Ownership/Rental	Market Rate or Affordable
Totals			

Will any of the affordable units be provided off-site? _____.

If off-site:

Assessor's Map & Lot of that property: _____.

Street address/description: _____.

Application No. _____

Units per Acre: _____ Present Zoning: _____

Present Use: _____

Is the site in an overlay district, such as the aquifer protection or flood plain district?

(Circle one) Y N If so, what district(s)? _____

Are there wetlands on site? (Circle one) Y N If so, has the delineation been approved by the Westport Conservation Commission? (Circle one) Y N

Are perc tests, water tables and soil test pit data available for the area proposed for affordable units? (Circle one) Y N

Describe provisions for water and sewer. All such provisions are at the expense of the applicant:

Briefly describe where the affordable units will be sited relative to the market rate units:

Briefly describe how the affordable units will be integrated in design, appearance, construction, and quality of materials with the rest of the development:

➤ A Marketing plan for affordable units is required, and should be attached to this application.

➤ A proposed construction schedule for affordable and market rate units, that complies with section 13.6 of the by-law is required and should be attached to this application.

What is the proposed duration of the affordability provisions to be contained in deed restrictions?

Project description and justification of request for a Special Permit:

Application No. _____

Name of Applicant(s): _____
CIRCLE ONE: Agent/Attorney/Purchaser

Address: _____
Mailing Address _____
Telephone: _____
E-mail Address: _____

Name of Property Owner(s): _____
Address: _____
Mailing Address _____
Telephone: _____
E-mail Address: _____

I hereby request a hearing before the Planning Board with reference to the above application and grant permission for the Planning Board and its agents to enter onto the property during normal working hours.

Signature of Applicant _____
(or representative, letter of authorization required)

Address if not Applicant _____

Tel / Fax / Email: _____

Owner's Permission (Signature) if Other Than Applicant _____

Application reviews and fees received in the amount of:

Filing Fee: \$ _____ Advertising Fee: \$ _____

Review Fee: \$ _____ Abutter notification fee: \$ _____

Received by _____ Date _____

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Special Permit

Certified List of Parties in Interest

(must be submitted with Special Permit Application)

To the Planning Board of the Town of Westport:

The undersigned, being an applicant for approval of the special permit for the land shown on Assessor's Map _____ and Lot(s) _____ *submits the attached sketch of the land listing the names of the adjoining owners in their relative positions and indicating the address of each party in interest in a separate list.* Parties in interest include owners of land in question, owners of land, which lies within 300 feet of a boundary or part thereof of the land in question, owners of land directly opposite any public or private street or way – all as they appear in the most recent applicable tax list, notwithstanding that the land of any such owner is located in another town; and the Planning Board's of Fall River, Dartmouth and Little Compton, RI, as prescribed in MGL Chapter 40A, Section 2.

Signature of Applicant: _____

Date: _____

Applicant's Address: _____

To the Planning Board of the Town of Westport:

This is to certify that at the time of the last assessment for taxation made by the town of Westport, the names and addresses of the parties in interest to the parcel of land shown above were as above written, except as follows:

Certified by: _____
Assessor's Office, Town of Westport